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AMERICAN MEDICAL ASSOCIATION.

History of the American Medical Association.

BY ONE OF ITS MEMBERS.

NUMBER VI.

In our History of the Annual meeting of the Association, in Boston, we noticed the following resolution, which was reported by a special committee, to whom had been referred all the propositions previously made on the subject of medical education, viz :

Resolved, That the Association recommend to the various schools of medicine, to meet at Cincinnati before the next Annual Meeting of the Association."

The special committee who reported this resolution, consisted of Drs. Alexander H. Stevens, of New York; George B. Wood, of Philadelphia; and Jonathan Knight, of New Haven—three of the ablest and most experienced professors in the country.

The recommendations of the Association, in relation to the terms of College instruction, had not been received and acted on by the great majority of Medical Schools, and the foregoing resolution was evidently intended as a direct invitation, on the part of the Association, to the several Colleges, to hold a Convention of their own, and by mutual action devise some measures for rendering their courses of instruction

more perfect, and the general standard of medical attainments more elevated. Soon after the adjournment of the Association, in Boston, a few of the medical periodicals alluded to the proposition for a Convention of delegates from the Colleges exclusively, and in terms of decided commendation. But the Colleges generally gave no response to the invitation, and consequently no separate Convention was held during the year. This direct refusal either to meet and devise measures of their own, or to adopt those already recommended by the Association, naturally led to the general belief that the great majority of those connected with the Medical Colleges were obstinately averse to any attempts to improve the present system of medical instruction.

The selection of Cincinnati, as the place for holding the Annual Meeting of the Association for 1850, gave a new and strong impulse to the work of social organization throughout the profession in the Western States. In several of them, State and County Societies had been organized several years previous, but in most instances, they had ceased to maintain an active existence. As the proposed meeting of the Association at Cincinnati was the first to be held in the West, the profession in that section of the Union naturally felt a strong desire to make it equal in numbers and interest to those which had been held in the Atlantic cities. A sufficient number of delegates to secure this, could only be obtained by reviving the old organizations, or establishing new ones, both in States and Counties.

The delegates to the *third* Anniversary Meeting of the Association, assembled in "College Hall," Cincinnati, May 7, 1850, and were called to order at 10½ o'clock, A. M., by the President, Dr. J. C. Warren, of Boston. Dr. Strader, of Cincinnati, Chairman of the Committee of arrangements, presented and read a list of the delegates who had registered their names. The number actually present during the session was about three hundred.

The proper business of the Association was commenced by a formal and interesting Address from the President, Dr. Warren; after which a committee of one from each state represented, was appointed to recommend candidates for officers of the Association during the succeeding year. During the afternoon session, the reports of the Treasurer and Committee of Publication were presented and appropriately referred. The reports on Medical Education and Hygiene were also received. The latter was read in part by the Secretary, and referred to the Committee on Publication. The former was made the special order for considera-

tion at the commencement of the next morning session. The Committee appointed to nominate officers, reported the following, viz:

PRESIDENT.

REUBEN D. MUSSEY, of Ohio.

VICE-PRESIDENTS,

J. B. JOHNSON, of Missouri. DANIEL BRAINARD, of Illinois.
A. LOPEZ, of Alabama. GEORGE W. NORRIS, of Penn'a.

SECRETARIES,

ALFRED STILLE, of Penna. H. W. DE SAUSSURE, of S. C.

TREASURER,

ISAAC HAYS, of Pennsylvania.

This report so far as it related to the President was not satisfactory to a large portion of the Association, and it elicited some discussion, in which Drs. Storer, of Boston; White, of Buffalo; Watson, of N. York; McNally, of Ohio, and Yandell, of Kentucky, participated. Many claimed that the office belonged properly to the late Daniel Drake, of Cincinnati. But under a call for the previous question, the report of the committee was adopted, and the Association adjourned until 9 o'clock, A. M.

On re-assembling in the morning, Dr. Bowditch, of Boston, called the attention of the Association to the death of the late Professor J. P. Harrison, of Cincinnati, previously one of the Vice-Presidents, and offered a series of appropriate resolutions, which were unanimously adopted. Dr. Mussey, on being conducted to the Chair with the rest of the newly elected officers, rendered his acknowledgements for the honor conferred, in a brief and sensible address. After some other unimportant business, the *special order* of the day was called for, and Dr. T. W. Blatchford, of Troy, N. Y., presented the report on *Medical Education*, which was read by the Secretary, the Chairman of the Committee being absent. The Chairman of the Committee on Medical Education and author of the report under consideration, was Dr. Joseph Roby of Baltimore. The report was very brief, containing little else than a summary statement of what had been done by previous Committees, and what had been advised by the Association in reference to the education of the profession.

It contained no new propositions, and recommended no additional action on the part of the Association. After some discussion and the correction of one or two errors in relation to Colleges of Pharmacy, the report was referred to the Committee on Publication. Dr. T. W. Blatch-

ford, of Troy, N. Y., then offered the following preamble and resolutions, at the same time expressing his decided disapprobation of the report last referred to.

" WHEREAS, this Association has learned through its several Committees, appointed from year to year, to examine into the state of Medical Education in our country, that many of the Medical Colleges invested by law with the power of granting degrees, still continue a system of instruction, which we cannot but regard as defective both in the time allotted to the delivery of Lectures, in the attention paid to Practical Anatomy, in the facilities afforded for Clinical instruction, and in the low standard of the requirements for a degree, therefore,

" *Resolved*, That this Association reiterates its former recommendations upon these points, and would urge upon the Medical Colleges to continue their efforts to elevate the standard of Medical Education, by adopting such changes in their courses of instruction as shall satisfy the reasonable and just desires of the profession.

" *Resolved*, That the thanks of the American Medical Association are due to the Faculties of the University of Pennsylvania, and of the College of Physicians and Surgeons of New York, and all other institutions which may have conformed to our recommendations, for their prompt response to the recommendations of the Association, for the improvement of Medical Education."

These resolutions gave rise to a discussion which occupied the whole of the afternoon session. Early in the morning session, the subject was again taken up, and on motion of Dr. J. R. Wood, of New York, the Association resolved itself into a Committee of the whole, with Dr. Knight, of Connecticut, in the chair. Another lengthy discussion took place, during which amendments were offered by Drs. Lawson and Drake, of Ohio; Dr. Gross, of Kentucky; and Dr. Theobald, of Maryland. Many members took part in the discussion, among whom were Drs. Annan, Miller and Gross, of Kentucky; Dr. McPheeters of Mo.; Drs. Drake and Lawson, of Ohio; Drs. Parrish, Stillé, and Morris, of Pa.; Dr. J. R. Wood, of New York; Dr. Lopez, of Alabama; and Dr. N. S. Davis, of Illinois. It all ended in the adoption of the following resolution offered by Dr. Casper Morris, of Pa., as a substitute for all those previously offered by Dr. Blatchford and others, viz :

" *Resolved*, That the recommendations of this Association at its former meetings, in regard to *Medical Education*, be re-affirmed, and that private preceptors be still urged to receive into their offices only those, duly qualified by previous education to engage in the study of medicine."

The Committee of the whole rose, reported this resolution to the Association and it was adopted.

Closely allied to the subject of Medical Education, is that of Medical

Literature. Dr. A. Stillé, of Philadelphia, Chairman of the Standing Committee on that subject, presented and read a lengthy and very interesting report, which closed with the following resolutions, viz:

"Resolved, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

"Resolved, That in the opinion of this Association it is equally the duty and the interest of the profession, to sustain its periodical literature, both by literary contributions and subscriptions.

"Resolved, That since literary excellence is best developed by literary studies, the formation of Medical Reading Clubs, after the plan set forth in this report, is urged especially upon physicians in places where the periodical and other medical publications of the day, are not readily accessible upon other terms.

"Resolved, That the Standing Committee on Medical Literature, be instructed to report to the Association at its next meeting, what American Medical work, published during the year of their service, in their judgment is the most valuable—and that with the consent of the Association, such work shall be formally proclaimed by the President.

"Resolved, That State and Local Societies are hereby recommended to offer pecuniary rewards or other distinction, for the best memoirs founded on original observations.

"Resolved, That Medical Colleges are hereby recommended to distinguish the best inaugural thesis of every year, by a public announcement of its subject and the name of its author, and by such other means as they may deem appropriate.

"Resolved, That the sum of one hundred dollars, raised by voluntary contribution, be offered in the name of the Association for the best Experimental Essay on a subject connected either with Physiology or Medical Chemistry, and that a committee of seven be appointed to carry out the objects of this resolution: said committee to receive the competing memoirs until the first day of March, 1851, the authors' names to be concealed from the committee, and the name of the successful competitor alone to be announced after the publication of the decision."

These resolutions were considered and adopted, and a committee appointed to receive and examine such essays as should be presented for the Prize.

The measure recommended in the last resolution quoted above, has been carried out from year to year, and has proved of great value to the profession, and the cause of several most important additions to our medical literature.

Besides the usual Standing Committee on Medical Literature, the Association at its Annual Meeting in Boston, appointed a Special Committee consisting of Drs. Horner, Condie, and Hays, of Philadelphia,

"to consider the measures suggested in the Report on Medical Literature for 1849." This Committee made a brief report, to which was appended the following resolution, viz:—

Resolved, That in the opinion of this Association, the only legitimate means within our reach for the encouragement and maintenance of a National Medical Literature, is to increase the standard of preliminary and professional education required of those who would enter the medical profession; to promote the circulation among the members of the profession of the medical journals of the day; to induce every practitioner to cultivate with care, the fields of observation and research that are within his reach."

This resolution, together with the following offered by Dr. Gross of Kentucky, were adopted by the Association without opposition.

WHEREAS, the interests and the dignity of the medical profession of the United States, as well as the true spirit of patriotism, and a love of independence, demand that we should use all proper and honorable means for the establishment of a National Medical Literature, and whereas, we have hitherto paid too blind and indiscriminate a deference and devotion to European authorities, and not sufficiently patronized and protected our own: therefore,

"Resolved, That this Association earnestly and respectfully recommend to the medical profession generally, and to the various medical Schools in particular, the employment of native works as text-books for their pupils, instead of the productions of foreign writers.

"Resolved, That the editing of English Works by American physicians has a tendency to repress native literary and scientific authorship, and ought therefore, to be discouraged by all who have at heart the objects contemplated in this preamble.

"Resolved, That this Association will always hall with satisfaction, the reprint in their original and unmutilated form, of any meritorious works that may emanate from the British Press."

The reader will perceive that the subject of medical literature occupied a prominent place among the topics considered at this meeting of the Association. And the unanimous vote by which the resolutions offered by Dr. Gross were adopted, has had a visible influence on American writers and publishers; so much so indeed, that most of the English works recently re-published in this country, have appeared without the name of an American Editor on the title page.

As a further measure intended to encourage and sustain our National Literature, the meeting at Boston appointed a special committee to prepare a memorial to Congress in favor of an *International Copy-Right Law*. At the present meeting, Dr. G. B. Wood of Philadelphia, Chairman of said special committee, reported a memorial which was adopted by the Association, ordered to be signed by its officers, and transmitted

to Congress. This memorial contains the following elegant and truthful paragraph in relation to the nature and influence of a National Literature of our own.

"There is another consideration of importance connected with this subject. Our institutions are peculiar, and, in order to be legitimately carried out, should not only be well understood by all concerned, but should be supported by habits of thinking and feeling in the community, in full accordance with them.

But how can this object be accomplished, when the great mass of our literature is of foreign origin, when, of the books which tend to form the character and mould the opinions and mental habits of the reading classes, perhaps nine-tenths are the production of authors born and educated under a different political system, with predilections for manners adapted to other forms of Society, and altogether unsuitable guides for the young minds of this country. By allowing equal opportunities for the literary tendencies and genius of our population, considering the much larger proportion among us than in almost any other country, of those who are so far educated as to come within the capacity of literary effort, there can scarcely be a doubt that we shall soon exhibit the same relative progress, in the various branches of authorship, as in all other departments of human action and industry.

Our literature will start forward at a rate that will probably astonish the world as much as our progress in the arts, in wealth, and in all the physical comforts of life. It will have the advantage, moreover, of conformity with our institutions. It will intertwine itself with the popular feelings, convictions and habits, imparting to them consistency, strength, and durability, growing with their growth, at once giving and receiving support, and, above all other means, adorning, ennobling, and strengthening the national character."*

These are just sentiments, and such as should be strongly impressed on the minds of the reading portion of the public. If the literature produced by a nation constitutes a true exponent of the national mind and character, so the literature actually read by a nation exerts an irresistible influence in moulding the national mind and shaping the national destiny. What is thus true of the nation as a whole, is equally true when applied to any one class or profession belonging thereto.

Besides the action of the Association in reference to medical education and literature, there were presented at this meeting interesting and detailed reports from the Standing Committees "On Medical Sciences,"

* See *Transactions of American Medical Association*, Vol. iii., p. 215.

by Usher Parsons, M. D., of R. I.; "On Practical Medicine and Epidemics," by J. K. Mitchell, M. D., of Philadelphia; "On Surgery," by R. D. Mussey, M. D., of Cincinnati; "On Public Hygiene," by J. M. Smith, M. D., of New York; and several special reports on various topics of interest. All these are to be found in the volume of published Transactions for that year. The only paper read to the meeting of the Association in Cincinnati, founded on original physiological investigations, was a short one, by N. S. Davis, M. D., of Chicago, Illinois. It contained matter of sufficient importance to attract attention both in this country and in Europe. John Evans, M. D., of Chicago, also exhibited a new instrument designed as a substitute for the Midwifery Forceps, called the Obstetrical Extractor. He read a report of several cases illustrating its application and advantages.

These papers, together with one of greater length from Stephen W. Williams, M. D., formerly of Deerfield, Massachusetts, containing brief biographical sketches of a considerable number of American Physicians who had died within the last few years, were published in the volume of Transactions in the form of an Appendix.

Among the most important papers read at this meeting and published in the Transactions, are three from the Committee on Hygiene. One is from the Chairman, Dr. Joseph M. Smith of New York, "on the Sources of *Typhus Fever*, and the means suited to their extinction." He attempts to show that the fever arises, not from a specific contagion, but from *human excretions*, and enters into some elaborate examinations and estimates for determining the kinds and quantities of such as are specially concerned in its production.

The second paper is "on the Sanitary condition of Massachusetts and New England," by Edward Jarvis, M. D., of Dorchester, Massachusetts.

The third is "on the Hygienic characteristics of New Orleans, by J. C. Simonds, M. D."

With one trifling exception, the business of the meeting at Cincinnati was conducted with propriety and good feeling. The exception to which I allude, was an attempt on the part of one of the Delegates from Cincinnati to bring before the Association a mere local and personal feud, for which he was speedily called to order. The unusual reluctance, which was manifested by a portion of the members, to confirm the report of the Nominating Committee, making Dr. R. D. Mussey president of the Association, arose from no personal dislike to or want of respect for Dr. M., but from their strong attachment to Dr. Drake. It was not because they loved Caesar less, but they loved *Rome more*.

The example first presented at the meeting of the Association in Boston, of setting apart one evening for a general entertainment provided by the local profession, was followed at Cincinnati, and was made the occasion of much social and intellectual enjoyment. The material bounties were provided in great abundance and variety, but without the prodigality of expenditure, and profusion of strong drink, which have since brought these social occasions into much discredit. This meeting was the occasion of bringing many eminent members of the profession from the Atlantic cities into the great Valley of the Mississippi for the first time in their lives. Many of them saw, for the first time, the almost boundless fields, and the broad green prairies of the West. To such, it was a season of unusual interest and pleasure; affording a bright page in the brief records of human existence.

Probable case of Poisoning from a slight abrasion by the Thumb Nail.

By D. W. MAULL, M. D.

The impression of the poisonous nature of the nails of the fingers and thumbs, has obtained with many outside the profession, and plausible cases occasionally arise, which favor strongly the received impression, though it is difficult to conceive in what manner these horny appendages of the skin, in their formation identical with the epiderma can by wounding any portion of the body, convey into the system a poison which shall manifest itself generally over the surface. But notwithstanding this view, in our practice we have met with a case which we can reasonably attribute to no other cause than an abrasion or scratch from the thumb nail.

The case we refer to, was that of a young girl, set. about 4 years, who in the act of being fondled by her father a day or two before his death, which resulted from consumption, received a slight wound under the lower eye-lid, from his thumb nail. Her relatives stated that the wound soon began to inflame, and that an eruption gradually spread itself. She had been thus affected for about a year, when our attention was directed to the case, one or two physicians having previously seen it and prescribed. We found the poison manifesting itself profusely; there being an eruption thickly spread over the face, and at times upon the breast, head, and upon the hands when they were brought much in contact with the virus. Her eyes had been closed for a period of about two months, she being unable to open them, on account of the secretions

being so abundant and vitiated as to clog them. There was an almost constant discharge from the nose, of a matter resembling that from the Schneiderian membrane in the resolving stage of a catarrh: no disposition for sport with other children; languid; seldom spoke except when interrogated; forming upon the whole, an exceedingly sad spectacle of physical suffering in a child.

Treated her somewhat upon the homœopathic principle—that of *similia similibus curantur*: prescribed two drops of *Liq: Potass: Arsen:* ter die, and directed the eruption generally, to be anointed with the *Ung: Hydrarg: Fort:* and in addition ordered some laxative medicine. In the space of three weeks the child had almost completely recovered.

It may be well to observe that the possibility of the child's coming within the sphere of the influence of the *Rhus Toxicodendron* or poison oak, was precluded by her age and other attendant circumstances, though there are many persons who are very easily affected by this shrub, the properties of which manifest themselves very abundantly at times.

GEORGETOWN, *Delaware*, Oct. 18, 1854.

BIOGRAPHY.

Biographical Sketch of R. D. Mussey, M. D.

DR. R. D. MUSSEY was born in New Hampshire, Rockingham County, Pelham Township—on the 23d of June, 1780. His father, Dr. John Mussey, a respectable country physician, was unable to make much provision toward giving the son an education, though he early expressed a wish to do so.

When R. D. M. was eleven years old, his father removed to Amherst, N. H., where the son had the benefit of some weeks' instruction in the winter, at the District School. He was taught by his father the elements of Latin, and at the age of fifteen, was sent to the Aurean Academy at Amherst. At this School, he acquired such knowledge of Latin and Greek, and other studies, as qualified him for entering Freshman in one of the New England Colleges; but seeing no readier way of obtaining the requisite means, he employed himself on the farm in summers, and taught school in the winters. He commenced teaching in his sixteenth year, and continued thus to employ his winters, until he entered in 1801, the Junior Class in Dartmouth College; having laid by a little

from teaching, and being encouraged to hope for some aid from his father. The winter vacations in College, he spent in school teaching, as he had done the winters before.

At College, he sustained the reputation of a respectable scholar, and was regarded by his own and the preceding classes, as occupying a standing in the first third of his class, which was larger than the then average classes, numbering forty-five. He was graduated in August, 1803, and immediately entered upon the study of medicine, as a pupil of the late, and very eminent, Dr. Nathan Smith, founder of the Medical School of New Hampshire.

The next summer, he taught an Academy in the town of Peterborough, N. H., to recruit his finances, at the same time diligently pursuing his medical studies, under the direction of Dr. Howe, of Jaffrey, N. H. The remainder of his professional studies was under the supervision of Dr. Smith.

After a public examination, at which he defended a Thesis on Dysentery, he received the degree of Bachelor of Medicine, in August, 1805.

Early in September of that year, he commenced the practice of his profession in the South Parish of Ipswich, now Essex—in Essex County, Massachusetts. Here he had no competitor,—his predecessor, who had monopolized the practice of the Parish, being in the last stage of pulmonary consumption. At this place he remained three years,—then collecting his dues, had sufficient means to carry him to Philadelphia, where he remained nine months. He put himself under the instruction of Dr. Benjamin Smith Barton, Professor of *Materia Medica*, and attended in the ensuing Spring, his Botanical Lectures, after a full course of Lectures in the University of Pennsylvania. In 1809, he received the degree of M. D. from this Institution, which at that period enjoyed a high and wide reputation, attracting students from all directions and great distances.

The Professors at that time were Drs. Rush, Wistar, Physic, Dorsey, Barton, Woodhouse—Drs. Chapman and James supplied the place of an Obstetrical Professor in Lectures, which all the graduating students attended.

At this time, and for some years previous, Dr. Rush had taught, in the physiological part of his course, the doctrine of the non-absorption of the human skin. He was strengthened in his belief by some experiments made by two young physicians of Philadelphia, in which the experimenter breathed through a tube, fastened to his mouth at one end, while the other passed through the wall into a distinct apartment, to

which fresh air was freely admitted; his body being rubbed at the same time with various odorous substances—as oil of turpentine, asparagus, &c. It was alleged that none of these odors were detected in the secretion of the kidneys, and the doctrine of non-absorption was regarded by part of the profession as fully established.

Dr. Mussey pursued a different course. He immersed himself for three hours in a madder bath, in which three pounds of madder were diffused in sufficient water to cover the body and limbs. During the two following days, the urine exhibited a bright red color, on dropping into a specimen of it a small quantity of a solution of caustic alkali.

This experiment was repeated, with the same results;—and they were made the basis for a Thesis at his graduation. These results, so undeniable, were peculiarly gratifying to some members of the Faculty, and of the profession generally, who had never been fully satisfied of the correctness of Dr. Rush's views. After his graduation, Dr. Mussey pursued a series of experiments with colored substances, with a view to ascertain whether any others would enter the circulation, through the skin. The coloring matter of rhubarb was as easily detected, after a bath of its infusion, as that of madder—an application of the alkali, as before, producing a reddish-brown color.

These experiments were repeated, till there could be no mistake as to the facts. Several other colored substances were tried; as indigo, aatto, redwood and logwood; but if either of these passed into the circulation, their coloring matter must have been changed, inasmuch as neither of them could be detected in the urine.

One experiment was made with cochineal. A pound—or a pound and a half—of that article was ground fine, and mixed with sufficient warm water for a bath. After an immersion of three hours, the liquid muriate of tin, a well-known mordant for the color of cochineal, was employed as a test in the urine,—but no coloring matter was detected.

Another experiment was made by Dr. M., which might have been regarded as not without risk. He immersed himself for three hours in a strong infusion of nut galls, and then went into a strong solution of sulphate of iron, lying in that three hours more. No ink was found in the urine. He opened a vein in his hand, to ascertain if the serum of the blood exhibited anything peculiar. After obtaining about an ounce and a half of blood, it ceased to flow, and exhausted by his long immersion, Dr. M. sank faint upon the floor. The serum of this blood had a tinge slightly different from that of common blood, and was slightly coagulated—resembling very much the serum of common blood, in which a quan-

ity of powdered nutgalls had been stirred up and allowed to settle; leaving the inference, that some portion of the nutgalls had probably passed into the circulation.

The Doctor was not disposed to repeat the experiment—but was a week or two in regaining his accustomed strength and activity.

None of these experiments have ever been published, except those made with madder and rhubarb;—although the minutes of them still exist, in Dr. Mussey's possession. As a matter of course, they excited at the time, not a little discussion among the profession at Philadelphia; and it is said that some gentlemen,—one of whom at least, before referred to,—had made experiments with odorous bodies, proceeded to repeat Dr. Mussey's experiments, with certain precautions, which they alleged, he ought to have taken, viz:—they plastered up very carefully the outlets of the body, and then went into the madder and rhubarb baths. Notwithstanding these precautions, they readily detected the foreign coloring matter in the urine. They varied their experiments somewhat, and at length made the announcement, that they had found only a few patches upon the body, which were capable of imparting these substances to the circulation by absorption or imbibition. These patches were inside of the leg, and thigh, and arm. The teachings of Dr. Rush, after this, were somewhat modified; he admitted that madder and rhubarb had a very “penetrating quality,” and were capable of finding their way into the circulation, through certain points only. In this he was followed substantially, by Dr. Chapman, the late Professor of Theory and Practice in the same Institution.

All this was, soon after, effectually refuted by experiments made, at the request of Dr. Mussey,—by his friend the late Dr. Sewall, of Washington City—then resident in Massachusetts. He immersed his hand and wrist, and afterward his foot and ankle—for periods of eight and ten hours,—in a madder bath—repeating the experiments, and finding, upon each examination, plenty of madder in the urine.

Dr. Mussey, on returning from Philadelphia, settled in Salem, Massachusetts, a town of twelve thousand inhabitants, a dozen miles from Boston. In this place, he soon formed a professional partnership, with that excellent and learned man, Dr. Daniel Oliver, afterward Professor of Medicine in the Medical Institution of New Hampshire. During their professional connection they gave, in two successive years, two courses of popular lectures on Chemistry—at that time a novel enterprise in that town.

Dr. M. remained in Salem between five and six years, most of the time largely occupied in professional practice. During the last three

years of that period, his obstetrical practice was larger than that of any other physician in the town—amounting in average, to a fraction over three cases a week, for the whole time. While in Salem, he also performed a considerable number of surgical operations—especially upon the eye.

In the autumn of 1814, he accepted an invitation to the Professorship of Theory and Practice of Physic in the Medical School of Dartmouth College.

In the changes which occurred in the Medical Institution, connected with the attempt of the Legislature to wrest the Charter from the Trustees of Dartmouth College, Dr. M. was requested to give the Lectures on Chemistry for one session; which he did, to very general acceptance—seldom, or never, failing in any experiment which was, at that period, considered necessary for the illustration of chemical principles. After the decision of the Dartmouth College question, by the Supreme Court of the United States, in 1819, so ably and triumphantly argued by the great Alumnus of the College, Daniel Webster—Dr. Mussey was appointed to the Professorship of Anatomy and Surgery. At this time he judged it necessary to commence the study of Anatomy, as it were, *de novo*; and having then a somewhat large professional practice, he was compelled to hard work by day, and frequent encroachment upon the night, in order to give his two daily lectures, during the term, and to meet the calls of his patients.

Until the close of the session in 1838, he continued to instruct in these branches—and in addition, gave lectures for a time on *Materia Medica*, and also on *Obstetrics*, to meet occasional exigencies of the College. In the summer of 1817, he gave a course of Lectures on Chemistry at Middlebury College, in Vermont.

Early in December, 1829, Dr. Mussey left Hanover for Paris, where he remained several months, attending the Hospital Cliniques. During this absence, he passed several weeks in London, visited many of the provincial Hospitals, and Museums of Anatomy, as well as those of the metropolis; and formed the acquaintance of many distinguished professional gentlemen.

From this absence of ten months he returned in season to complete his College duties, by giving double and treble lectures in the session of 1830.

At this time, the Medical School of Maine, having lost by death its Professor of Anatomy and Surgery, invited Dr. Mussey to give the Lectures in those branches; which he did, for four successive winters—the

session in Maine commencing after that in New Hampshire had closed.

For two successive seasons, in 1836 and 1837, after the close of the New Hampshire session, Dr. M. went to Fairfield, Herkimer Co., N. Y. to give the lectures on Surgery, in the College of Physicians and Surgeons located there, an Institution then very flourishing, but some years afterward given up.

In the fall of 1838, Dr. M. worn with the laborious country practice in a cold climate, and looking to his future, as probably of longer usefulness in a city, accepted an invitation to the Professorship of Surgery, in the Medical College of Ohio, at Cincinnati, and removed thither with his family. In that Institution, for fourteen successive years, he gave the Lectures on Surgery, besides having charge of the Surgical Department of the Commercial Hospital of Cincinnati, and sustaining a full practice.

At the close of his fourteenth course there, Dr. M. resigned his chair in the Medical College of Ohio, and in the course of the ensuing summer, 1852, consented to take the Professorship of Surgery in the Miami Medical College in Cincinnati; in which he has already given two full courses of lectures, and has had charge, through the sessions, of the Surgical Department of St. John's Hospital, (1854).

At, and before the time of Dr. Mussey's visit to Europe in 1830, the doctrine of the non-union of intra-capsular fractures of the neck of the thigh bone, was taught by Sir Astley Cooper, and admitted by many distinguished members of the profession in Great Britain. Dr. M. carried with him a specimen, which, in the opinion of several surgeons both in Paris and London, satisfactorily demonstrated the fact of such bony union. When this was shown to Sir Astley, he at first remarked, "This was never broken." After a more careful inspection of it, especially its interior, which had been sawed into two vertical portions to render it accessible to the eye, he remarked, "This does look a little more like it, to be sure, but I do not think the fracture was entirely within the capsular ligament." Few surgeons who saw the specimen, had the assurance to deny that it was a case of bona fide fracture. That distinguished surgeon, Mr. John Thompson, of Edinburgh, author of a treatise on inflammation, valuable in its time, did however, upon taking the specimen in his hand, declare "upon his troth and honor," that it had never been broken. This opinion, given with an ex-cathedra emphasis,—foreclosed all further conversation. Since that time, Dr. Mussey has procured several specimens which prove indubitably a bony re-union of this intra-capsular fracture.

Before his visit to Europe, Dr. M. had operated upon a young man, for a large, bleeding, and ulcerated *Nævus*, upon the vertex of the head—by tying in succession, both carotid arteries, at twelve days' interval,—and a few weeks afterwards, removing the tumor. An account of this case, contained in the "Am. Journal of the Med. and Phys. Sciences," for February, 1830, had been received in London a short time before Dr. M.'s arrival there. As this was the first published case of tying both carotids, it necessarily excited some interest in the profession, and enlarged Dr. M.'s facilities of intercourse with its scientific members in that metropolis.

As a physician and operative surgeon, Dr. M. has sustained a prominent rank in the profession of our country. While in New Hampshire he had a widely-extended field for the exercise of his professional abilities; and although he had not the advantage of that close association with medical men, which large cities give, the privation resulted in a more thorough development of his own powers, and a more self-reliant professional judgment.

It was in this period, that he successfully treated, by operation, a case of uni-locular ovarian disease.

Another rather rare operation, was one upon hypertrophied tongue—in a boy of thirteen. The disease commenced at the age of nine months, and at the time of operation, the tongue measured eight inches in circumference where it issued from the mouth, and five inches in length, from the upper lip to the tip of the tongue. The operation was successful. Reported in the Philadelphia Journal.

Another extraordinary case was one of *osteosarcoma*, which commenced in the thumb and fore finger, and for which an operation was performed, consisting of the removal of the entire meta-carpal bone of the thumb, and three-fourths of that of the fore finger. Thirteen years afterward, the disease had invaded the radius, and the *os humeri*; especially its upper half, which had become very large, and exceedingly painful. At that time, the arm was amputated at the shoulder joint. Six years after this, the patient came a third time to Dr. M., with the same disease, in the form of a large tumor, occupying the greater part of his shoulder blade and collar bone. He was then put upon farinaceous diet, for a month—drinking only milk or water—preparatory to a third operation. This consisted in the removal of the entire shoulder blade and collar bone, and resulted successfully; the first operation of the kind, it is believed, ever performed. This was in October, 1837. The patient is still living, and well. (1854.)

In Ohio, Dr. M. had, in the summer of 1845, a case somewhat like the preceding. Mr. Stark, from Lower Sandusky, had a very large osteo-sarcoma of the arm, shoulder blade, and outer portion of the collar bone. Dr. Mussey removed the arm, the entire shoulder blade, and more than half of the collar bone. In a letter received from this patient in the spring of 1854, he reports himself *well*, having had no symptom of a return of the disease, since the operation.

In the summer of 1845, Dr. Mussey, for osteo-sarcoma of the lower jaw, disarticulated that bone, removing more than half of it, and accomplishing this without dividing the duct of steno, or the facial nerve. The object was to preserve the symmetry of the mouth for the patient, (a beautiful young lady,) and it was fully realized.

Dr. M. was not at the time aware that the lower jaw had ever before been disarticulated, and a large portion of it removed, without implicating the facial nerve.

Dr. M. has kept no record of the number of his operations, except those of three classes, viz :

Lithotomy, 49 ; 4 deaths. Lithotrity, 1 ; successful.

Strangulated Hernia, 40 ; 8 deaths.

Varicocele, 45 ; by sub-cutaneous ligation of the spermatic vein, with never a bad symptom following. In all the cases followed out,—and it is believed in the whole number,—a perfect cure.

Dr. M. recollects four cases of successful operation for perineal fistula ; and two for stricture of the urethra, of long standing, and so complete as not to admit the passage of either catheter or bougie, into the bladder. In both cases the recto-vesical tapping of the bladder was practised, as a necessary measure, to prevent speedy death from entire obstruction of the urine. After the subsidence of the irritation, the point of a staff pushed as far as it would go into the urethra, was cut down upon through the perineum, and as no instrument, not even the smallest probe could be passed into the stricture, an artificial canal was made, by passing, without a guide, a straight, narrow, sharp pointed bistoury into the bladder, and was kept open by an elastic gum catheter. In both cases, the wound in the perineum was ultimately healed, and the artificial urethra kept open by the occasional use of the bougie, for the first year, and very rarely afterwards, answered a good purpose. One of the patients, who went to a distant part of the country, was heard from five years after the operation, and was reported to be well. The other, now about thirty-eight years old, still lives in Cincinnati. He stated to Dr. Mussey, in May 1854, thirteen years after the operation, that he sometimes felt a

slight difficulty in passing his water, but that for some years, he had not, except in a few instances, been induced to pass a bougie.

In a third case of *impervious* stricture, in which there was enough dribbling of urine to prevent the necessity of puncturing the bladder, an operation similar to the foregoing, was practiced within the last eight months, with less satisfactory results. The patient—between fifty and sixty years of age—after a long confinement, with severe symptoms, recovered, and went home able to urinate with a small stream, accompanied at each urination with the discharge of a few drops through a small aperture still remaining in the perineum.

In several instances he has removed the upper, and parts of the lower jaw, for the diseases not unfrequently invading those bones—and within the last ten or twelve years he has had numerous cases in plastic surgery. In three cases, he had fair success, in making an artificial nose, and in one case, failed. In repairing cheeks and lips, lost by sloughing in childhood, he has had several cases, with very satisfactory results.

Within the last two years, Dr. Mussey ligated, at four weeks interval, both carotids successfully, for aneurismal enlargement of the arteries about the ear. Within the same period, Dr. M. obtained a perfect cure by operation, of a recto-vaginal fistula. Both cases are detailed in the *Am. Jour. Med. Science*, at Phila., 1853.

Dr. Mussey's private character and history remain for a different record. That his life has been full of successful labor, possible only to a firm and energetic perseverance, this professional outline will indicate,—that it has been for many years, controlled by the principles of an earnest and conscientious Christianity, is its better testimony. His attention was roused in early life to the necessity of a Temperance reformation, and his agency in that movement has been not only prominent from the first, but consistently progressive with the growth of public sentiment—unless it may be said to have been at times, in advance of it. For more than twenty years, he has been a water drinker, and for almost the same period, a practical vegetarian, in accordance with what he believes to be the true principles of Hygiene.

LIST OF PAPERS PUBLISHED BY DR. R. D. MUSSEY.

1. Case of tying the Carotid Artery and the Extraction of a Tumour from the Neck. *New England Journal*, Vol. xi. Oct., 1822.
2. Entrance of Air into the veins while ligating the Sub-Cleavian Artery, (recovery.) *Am. Jour. Med. Sciences*. Vol. xxi, p. 377. 1837.
3. Anæsthesia—*Trans. Am. Med. Association*. Vol. iii, p. 321. 1850.
4. Case of Excision of Large Tumour on the Neck. *Am. Jour. Med. Sciences*. Vol. iv. N. S. p. 253. 1842.

5. Extraordinary Case of Animal Electricity. Vol. xxi. Am. Jour. Med. Science, p. 377. 1832.
6. Congenital Absence of the Meatus Auditorius Externus of both Ears, without much impairing the hearing. Id. p. 378. 1832.
7. Successful Operation for Ovarian Disease. Id. p. 380. 1832.
8. Adhesion of the Walls of the Vagina. Am. Jour. Med. Science, p. 382. 1832.
9. Arm and Shoulder-blade torn from the Body. Id. p. 385. 1832.
10. Exostosis of the Frontal Bone. Id. p. 388. 1832.
11. *Removal by Dissection of the entire Shoulder-blade and Collar Bone. Id. p. 390. 1832.
12. Operation for Enlarged Tongue. Id. p. 396. 1832.
13. Ligation of both Primitive Carotids. Id. p. 397. 1832.
14. Uncommon Case of Aneurism. N. E. Jour. Med. and Surg. Vol. vii., p. 140. 1818.
15. Ligation of both Primitive Carotids, for Arterial Varix. Am. Jour. Med. and Phys. Science. Oct., 1853.
16. Recto-Vaginal Fistula. Successful. Id.
17. Bi-Lateral Lithotomy. Am. Jour. Med. Science. Vol. xi. N. S., p. 545. 1846.
18. Extraordinary Urinary Calculus. Am. Jour. Med. Science. Vol. iv. p. 333. 1829.
19. Excision of the Upper Maxillary Bone. Id. Vol. iv. N. S. p. 500. 1842.
20. Address on Ardent Spirits. Read before the N. H. Med. Society. June, 1827.
21. Prize Essay on Ardent Spirits and its substitutes as a means of invigorating Health. 1832.
22. An Essay on the Influence of Tobacco on Life and Health. 1836.

The late Dr. John P. Hiester, of Reading, Pa.

[We are under obligations to a friend in Reading for the following brief notice of the late Dr. Hiester. Such physicians as Dr. Hiester was, not only adorn their profession, but are an ornament to any community, and the loss of such men is a loss to society. We commend the notice below to our readers, as a model, and hope that we shall be favoured with such notices of prominent deceased members of the profession.—ED. N. J. MED. REP.]

DR. JOHN P. HIESTER died at his residence, in Reading, on the 15th of September last. He was born in Berks County, Pennsylvania, on the 9th of June 1803. After receiving an excellent preliminary education, he applied himself to the study of medicine under the direction of the late Dr. John Luther, of Lancaster County, Pennsylvania, who enjoyed considerable reputation as a practitioner. Dr. Hiester graduated at the University of Pennsylvania, in 1827. He commenced the practice of his profession in the country, but after a few years removed to Reading, where he continued to reside until his decease.

Dr. Hiester stood in the front rank of his profession, and in devotion to its duties, both as a student and as a practitioner, he had few equals, no superiors. To the advantages of a complete medical education, and the fruits of a large experience at home, he added the benefit of the ac-

* This case is the same as No. 2.

quisitions resulting from his industry and acute powers of observation, during a professional visit to the Colleges and Hospitals of Europe, and intercourse with leading men abroad. He was not a mere practitioner, but a close student, alive at all times to the progress of science, and prompt to adopt its discoveries and improvements. He was an active and efficient member of the Pennsylvania State Medical Society, of which he was recently its President, and probably contributed more to stimulate a spirit of inquiry and philosophical research among its members, than any other individual connected with it.

Not only as the skillful and experienced physician was he known and esteemed. Although devoted almost to enthusiasm, to his professional pursuit, he yet found time to cultivate the kindred sciences. He was distinguished as a botanist and chemist, and a geological map of Berks county, was the result of a recent attention to that science. A portion of his leisure hours was devoted to making a complete collection of the plants, the forest trees, and the minerals of the county, all arranged with scientific accuracy and exquisite taste. He was ever the friend of education, and no student or lover of science among the young ever failed to receive his hearty sympathy and affectionate aid.

As a Lecturer before literary and other Associations of learning, Dr. Hiester appeared in one of his brightest phases, and one of his most useful characters, and his absence from their desks will be among the instances in which his loss will be longest and most keenly felt. He possessed an enlightened spirit, a correct judgment, and a benevolent heart; and was ever among the first to take hold of, and aid by his counsels and influence, all enterprises having for their object the moral and social welfare of the inhabitants of Reading. Simple in his habits, unostentatious in the display of his varied acquirements, singularly affable and engaging in his manner, and sincere in his friendships, he was a man with whom acquaintance soon grew into intimacy, and intimacy ripened into love. He enjoyed for many years an extensive practice, and it was in the sick chamber, perhaps, that his sterling qualities of mind and heart were best known and appreciated. Tenderly solicitous for the welfare of his patients, unremitting in his attendance upon them, and ever wakeful to do for them all that the scope of the healing art could afford, to alleviate their pains and sufferings, he endeared himself to them by ties far stronger than those which exist in ordinary professional relations; and to them scarcely less than to his sorrowing family circle, will his death be a source of grief too poignant for the cold words of human sympathy to assuage.

PROCEEDINGS OF MEDICAL SOCIETIES.

Extracts from the Minutes of the N. Y. Pathological Society.

OCTOBER 11, 1854.

Dr. Clark presented two specimens said to have voided from the bladders of two females. They were very complete filiform animals, five or six inches in length, of a dark brown color, having a flattened body, with a head without enlargement, and simply the abrupt termination of the body. The tail is bifurcate, presenting an opening like a serpent's mouth, which the animal has the power of opening and closing at will. One of the specimens was recent and yet alive, having for a month past been kept in water that had been occasionally changed. The only difference between the specimens consists in their size, the one being twice as large as the other, though of the same length.

Dr. Clark mentioned a third specimen of this animal that had been sent to him, which was said to have been coughed up. It was his opinion that water is the natural element of these animals, and that these specimens did not come from the body, but being accidentally in the vessels into which the urine was voided, or in the third case into which the sputa was discharged, the mistake was readily made of considering them entozoa. The objections to their having come from the body are these. First, the probability that he having seen three of them, they should not have been noted by other observers. Secondly, their color, which if they came from the body, and consequently out of the reach of light, would be improbable; and thirdly, that if born to exist in urine, they could not for an entire month subsist in water simply.*

Dr. Isaacs mentioned having seen some animals discharged from the skin similar to these specimens, and of a black color.

Dr. Uhl presented the stomach of a boy, which had been wounded in its anterior portion in three places. He was stabbed in a scuffle, by a cheese knife, which entered between the cartilages of the seventh and eighth ribs, a little to the left of the median line. The boy lived but six hours. There was a wound in the diaphragm, through which a portion of the stomach was strangulated. Blood was found in the cavity of the left pleura, but none in the abdomen. An animated discussion arose as to the manner in which the wound was inflicted, and as to

* Nov. 16, One of these animals is yet living in water.

whether there were not two or three separate stabs. No satisfactory solution of the case was arrived at. It was said by Dr. Uhl, that at the trial, the defence would urge that in the scuffle, the boy fell upon the knife.

Dr. Uhl presented the aorta of a man wounded by a pistol ball. The ball entered between the fifth and sixth ribs, four inches below the arm-pit, passed through the aorta and lower lobe of right lung, and lodged in the integuments of the left back between the sixth and seventh ribs.

Dr. Markoe thought that the established law as to the comparative size of the wounds of entrance and exit made by gun shots, was incorrect. The case of a boy now in the Hospital was referred to, where one ball had passed through both knees without touching the bone, in which case the first external wound was by far the largest of the four. Much however, depends in this respect upon the tension of the parts, the character of the tissue traversed, its proximity to bone, &c.

Dr. Sewall presented the stomach and heart of a man aged sixty-five, a Clergyman by profession, who died very suddenly but a few days ago, and while pronouncing himself improving in health, and directly after an agreeable talk with a near relative. The symptoms were only very generally arrived at. For thirty years he had been an invalid, complaining principally of difficulty of breathing at times, which was referred now to asthma, and again to heart disease. He had furthermore been affected with an irregular capricious appetite, and many indefinite stomachal symptoms, referred in general to dyspepsia. For a year past this latter difficulty had increased upon him, accompanied with occasional vomiting and frequent diarrhoea. He has at intervals vomited considerable blood. For a few weeks past he has more than ever been troubled with dyspnoea, which at times was so severe as to give the sensation of impending dissolution. The feet, hands, and scrotum have been highly anasarcaous. Two days before death he vomited a good deal of blood, and for the last month the diarrhoea has been very considerable. He was quite a sufferer also from haemorrhoids.

Post mortem examination 30 hours after death.—Rigor mortis well established. Chest resonant anteriorly, dull latterly. Hands, feet, and scrotum highly anasarcaous. Considerable serous effusion within the cellular tissue about the chest. Lungs healthy, crepitant everywhere, sore at lower right lobe, which is congested. Much frothy serum exudes on incision from upper left lobe. This discharge is elsewhere inconsiderable: no pleuritic adhesions anywhere. About half a gallon clear serum in each pleura. Heart of natural size overlaid with fat. Water poured

into the valves valves pressure engorged phragm Gall-bladder, absence of na- Abomina- matter its mass discolored having that health Ome brain. D phy- geth- how- veal- but niz- sequ- inter- refe- A you- and iste- abo- free- wa- wa- su- we-

into the aorta slowly makes its way into the ventricles. Aorta and aortic valves dotted with atheroma. The valves are slightly thickened : mitral valves healthy. Muscular structure of the heart flabby. Moderate pressure with the finger penetrates into its substance. Right ventricle engorged with blood, valves healthy. Liver firmly adherent to diaphragm over its right lobe, of natural size, paler in colour than is usual. Gall-bladder empty ; spleen healthy ; kidneys natural in size, and structure, of a deep red color. Within the capsule of the left was a small abscess, containing four or five drops of thin dark colored pus. Stomach of natural size, containing a small amount of thick reddish mucous. About the middle of its larger curvature is a mass of soft pultaceous matter, of the size of an egg, of brick-dust color, apparently adherent to its mucous coat and projecting into its cavity. There is no abrasion or discoloration of the peritoneal surface at the point of attachment of this mass. Placed in water it separates itself into a filamentous structure, having a ciliary motion in the fluid, and presenting an appearance like that of exaggerated cilia. Pyloric orifice and stomach elsewhere, healthy. Peritoneal cavity contains perhaps two quarts of clear serum. Omentum studded with fatty masses of various sizes floating in it. The brain was not examined.

Dr. Clark suggested that the tumour might consist in an hypertrophy of the usual tubes of the mucous surface of the stomach bound together by fibrous tissue. He had seen one so constituted, which was, however, but half the size of this. He said that there was nothing revealed at the post mortem examination to account for the sudden death, but suggested that it might have occurred from apoplexy. He had cognizance of six cases wherein death had occurred instantaneously as a consequence of a sudden effusion of blood around the medulla oblongata, interrupting the function of the respiratory nerves. The specimen was referred for examination.

Dr. Post presented a bone from the external meatus of the ear of a young lady, aged 15 years. She was first seen about four months ago, and was then complaining of intense pain about the ear, which had existed for many months previously. Deep suppuration was suspected about the mastoid process, over which and through the periosteum a free incision was made, from which pus freely escaped. Necrosed bone was supposed to exist at the bottom of the wound; and caustic potash was applied to keep it open. The swelling which had been very great subsided posteriorly, but increased anteriorly after the incision. Three weeks ago at the next consultation, the anterior swelling was found

greatly enlarged and a fungous tumour prominent and very painful, protruding from the old wound. Ether being given, as the patient was very timid, a free incision was made through the tragus into the external meatus, when there were found two portions of loose bone, and the finger could be passed an inch into the meatus. The patient is now doing very well, and will probably be restored to health, though the hearing is lost on that side. The facial nerve of that side is paralyzed.

Dr. Clark thought that exfoliations of temporal bone were quite common.

The tumour exhibited by *Dr. Post* at the last meeting, and which was referred to *Dr. Dalton* for microscopic examination was pronounced by him to be true cancer.

Dr. Dalton exhibited a dog whose spleen he removed eight days ago. The animal is now in good spirits and eats well. He was presented for a peculiar appearance of the eyes, which consisted in the white color of the iris, suggested by *Dr. Batchelder* as being common in horses who were thence known as wall eyed.

* * The Proceedings of the second October meeting—crowded out of this number—will appear in the January number.—ED. N. J. MED. REP.

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is another book entitled *Medical and Ethnographical Observations on the Interior Valley of North America*, by DANIEL DRAKE, M. D., and S. HANBURY SMITH, M. D., &c., &c., and FRANCIS G. SMITH, M. D., &c., &c. Second Series, pp. 985. Philadelphia: Lippincott, Grambo, & Co., Publishers, 1854.

BIBLIOGRAPHICAL NOTICES.

A Systematic Treatise, Historical, Etiological, and Practical, on the PRINCIPAL DISEASES OF THE INTERIOR VALLEY OF NORTH AMERICA, as they appear in the Caucasian, African, Indian, and Esquimaux varieties of its population. By DANIEL DRAKE, M. D. Edited by S. HANBURY SMITH, M. D., &c., &c., and FRANCIS G. SMITH, M. D., &c., &c. Second Series, pp. 985. Philadelphia: Lippincott, Grambo, & Co., Publishers, 1854.

OUR readers are no doubt aware, that the first series of Dr. Drake's great work on the *Diseases of the Interior Valley of N. A.*, appeared in 1850, when it was announced that the remainder would shortly be forthcoming. But while he was earnestly engaged in arranging the materials, which had been collected by years of patient observation and study, his labors were arrested by the hand of death. He died on the 6th of November, 1852. On page 375, Vol. vi, of the *REPORTS*, will be found an obituary notice of him, with an account of his labors, accompanied by a portrait. The first series of his great work was occupied principally with the medical topography and ethnography of the interior valley, in connection with the etiology of its principal diseases.

The volume before us is occupied with a description of the principal diseases of the Mississippi Valley, with their treatment. The contents of an extensive work, like the one before us, cannot of course be critically examined in our pages, without the sacrifice of more space than we can give to notices of new publications. We must, therefore, content ourselves with such a notice of the work as a brief examination of its contents seems to call for.

Dr. Drake is a clear, forcible, *elegant* writer, and his book is one which the practitioner can take up and read as a *recreation*, when fatigued with the labors of the day. In short, the work is invaluable to the physician, nor is its value confined to the trans-Allegheny practitioner alone, but both series should be found in the library of the physician in all parts of the country.

The work is one of the most original ever published this side the At-

lantic, and will long stand as a monument to the industry and talent of its author, and to the credit of American authorship.

The Publishers, Lippincott, Grambo, & Co., have got up the volume before us in a style commensurate with its value. It is a magnificent volume of nearly 1000 pages, substantially bound, well printed, with clear type, on good paper, and is creditable to the taste of the publishers. L. G. & Co., are the publishers of the principal medical works of American authorship, and they deserve the thanks of American physicians for the aid and encouragement, they are ever ready to extend to native talent.

S. W. B.

Notes of M. Bernard's LECTURES ON THE BLOOD, with an Appendix. By WALTER F. ATLEE, M. D. pp. 224. Lippincott, Grambo & Co.: Philadelphia, 1854.

WE have been much pleased with the perusal of this little work. In a course of medical study, a knowledge of the anatomy and physiology of the blood may be regarded as fundamental, and equally interesting as important. M. Bernard is a careful observer, and an accurate and thorough experimenter, and manages to throw around his subject an unusual degree of interest. His experiments are numerous, many of them performed in the presence of the class, and none of them projected without some important scientific bearing. In his analysis of the physical properties of the blood, of the changes it undergoes in the round of the circulation, and the phenomena with which it is associated in the different organs, we believe many new views are presented, and sustained too by inductions not merely plausible. His experiments to test the influence of the nervous system upon the circulation and composition of the blood are of especial interest. "And it is just here," he says, "in the influence of the nervous system, studied *step by step*, on the blood, that much remains to be done." In an Appendix the author has added some of the results of investigations made by M. Robin into the more minute anatomy of the blood, and this is by no means the least instructive portion of the work. We must thank the author of these "notes," who has performed his task so creditably, for bringing before the medical public a volume so likely to prove useful, not only because of the light it throws upon an important branch of study, but because of the additional evidence it furnishes us, in this age of medical heresies, of how practical and earnest and thoroughly scientific are the gleaners in the fields of legitimate medicine.

H.

EDITORIAL.

CLOSE OF VOLUME SEVEN—A RETROSPECT.

READER—for the *seventh* time we are inditing our annual valedictory. So many enterprises of the nature of ours have of late years been short-lived, that we really begin to feel like a patriarch among our fellows. Let us take a brief retrospective view of the past.

The NEW JERSEY MEDICAL REPORTER was commenced under the auspices of the Medical Society of New Jersey in 1847, the same year that gave origin to our National Medical Association. During this brief period, many changes have taken place in our periodical medical literature. There were then, in the United States and the adjacent British Provinces, *eighteen* periodicals devoted to the interests of medicine and its collateral branches. Ours was the *nineteenth* enterprise of the kind. Of these *nineteen*, *five* have ceased to exist. Since the Reporter was commenced, *thirty-three* new periodicals have been commenced,—nearly *five* a year. Of these, *fourteen*, or *two* a year, have been discontinued. During the last *seven* years therefore, as many Journals have been discontinued as were in existence at the commencement of that period, and the number now in existence equals those that have been commenced in that time. There are also four re-prints of foreign medical works, making in all *thirty-seven* periodicals, now existing in this country, devoted to the interests of medicine!

Amid all this confusion and change, the Reporter has gone steadily forward, improving year by year, as will be seen by the following statement. When first commenced, it was a quarterly. The first volume contained 332 pages, the second 336, and the third 320 pages. At the middle of the fourth volume the work was changed to a monthly. That volume contained 372 pages, the fifth 456, the sixth 448, and the seventh closes with 540 pages. The work has also been greatly improved in appearance, and an enterprise has been manifested in the matter of embellishments, such as no journal has ever exhibited in this country. Considerably over \$100 have been expended in this way during the past year. The sixth volume contained three Portraits, and a lithograph illustration of disease, and the present volume contains four steel plate engravings. Three steel plates have been engraved exclusively for the Reporter.

During the first three years of its existence, the circulation of the Reporter was almost wholly confined to New Jersey. But since the commencement of the fourth volume it has been steadily gaining friends out of New Jersey, and now circulates in almost every State of the Union, and into some foreign countries.

This general retrospect will serve to show how we have steadily progressed, and we trust will be an earnest of our future course.

But, *cui bono?* What *good* has been accomplished by the Reporter the past year? Let us see. Of the 540 pages of the closing volume, only about 70 pages have been selected from other journals; the rest is original matter, much of which has been copied into other journals, and thus reached other circles of readers besides those for whose benefit it was originally prepared. Aside from Editorial matter, Book Notices, and reports of County Medical Societies, about *sixty* original articles have been published in our columns the past year. These articles were written by nearly *forty* contributors. Thus much have we added to the aggregate of medical literature. *How well* the work has been done, and *how much* the cause of medical science has been advanced by these contributions, our readers must judge. We are encouraged to feel that we have not laboured in vain—1, From the steady increase in our subscription list, embracing some of the most prominent and distinguished practitioners in the country—2, From the *character* of our contributors, some of whom are known to be among the best medical writers in the country—3, From the many written testimonials which we have received from subscribers,—and 4, From the *promptness and cheerfulness with which so large a proportion of our subscribers have complied with our terms of payment in advance.** We look upon the last as a very pointed and direct evidence of the estimate which is placed upon the Reporter, and the large number of our subscribers who have *already paid* for the coming year, is still more pointed and direct.

To conclude—we neither ask nor expect any encouragement, not even from Jerseymen, that is not founded on an intelligent conviction of the *utility* of our enterprise. But in so far as it is useful to the profession, we think we have a *right* to expect such a support as will not merely pay our printers' bills, but enable us properly to remunerate the able writers who employ their pens in enriching our pages.

Situated as we are, between two great cities, in each of which several Journals are published, it requires no little devotion to our work, and

* ~~NOTE~~ Let it be understood that no new names are entered on our subscription list unless payment is made in advance.

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energy in its management, to maintain an honorable position. This, however, we shall not only aim to do, but like the bit of lime on which the streams of gas meet in the hydro-oxygen blow-pipe, we shall endeavor to *eclipse* surrounding objects by the light which we give forth!

MORTALITY THE PAST YEAR.

THE year just closing has been one of pretty general immunity in our country from serious and fatal epidemics. In the early part of the year it was expected that cholera would prevail extensively and fatally through the summer, but, though it did prevail to a considerable extent in all parts of the country, it did not reach that high degree of mortality that was anticipated. Whether this was owing altogether to the character of the epidemic influence, or whether sanitary measures, and improvements in the mode of treating the disease had anything to do with its apparent mildness, we are not prepared to say. From the fact however, that in several instances it did break forth with a severity that baffled the ordinary resources of medical science and art, we are disposed to think that whatever influence sanitary measures, and improvements in the management of the disease may have had, the general epidemic influence was of a milder form than has prevailed on some former occasions.

In Barbadoes, and some parts of Europe, the disease prevailed in its most terrible form, and was awfully fatal.

The Yellow Fever prevailed to a considerable extent in some parts of the south, but did not in many instances reach the high degree of mortality that it did last year. In Savannah and Charleston, it proved fatal to several physicians. Indeed, the mortality among medical men has been very great the past year, all over the country.

In some of the northern cities, the tables of mortality, especially among children, reached a high figure during the summer months, but it is, we think, undeniable, that proper sanitary regulations would have prevented a large amount of the sickness and death that occurred. Corporate bodies may not have souls, but the individual members of those bodies have, and we fear that many of them will have blood to answer for, in that they neglect their official duties too often, in the scramble for loaves and fishes.

The mortality at sea has continued high the past year, and calls for prompt action on the part of Congress, on the bill for the better regulation of our emigrant vessels, now slumbering on its table, while thousands are perishing for lack of the protection it is intended to afford.

By land and on sea, the mortality by fire and "accident," has been

unusually great. Alas for humanity—terrible is the account to be rendered for the vast sacrifice of human life to the Moloch of money! You and I reader, will be defendants in that court—have we done what we could, by influence and example, to prevent mortality from this cause?

In Europe, as if human life were a thing to be trifled with—as though it were not enough that man dies from natural causes, and from his own imprudence, and that of his fellow man, we find army arrayed against army in terrible conflict, and thousands swept into eternity in an hour, by means of grape-shot and the Minié rifle. Sickness too, among the troops, is doing its share of the work of death. May the Almighty preserve our land from the horrors of war!

OUR LATE COLLEAGUE, DR. PARRISH.

WE are sorry to be compelled to disconnect the name of Dr. Parrish with the Editorial management of the **REPORTER**. His constitution, which has for some years been rather feeble, has, during the past year developed a tendency to serious disease of the lungs, leading to a recommendation on the part of his medical advisers, to seek recovery by a residence in some more southern latitude. In accordance with this recommendation, he expects to leave soon for one of the southern States, where he will, for a time at least, reside.

His pen, however, will still be employed in enriching our pages, and he will endeavor to advance the interests of the **REPORTER** wherever he may be. His illness has prevented him from contributing much to our pages for the past two months, and rendered necessary the postponement of some Book Notices, and other matters which were intended for our present number.

ERRATA.—We would call the attention of our readers to the following errors. On page 421—in Dr. Johnson's article—first line for “*strictures*” read *structures*—on p. 422, 12th line from top, for “*came up*” read *come up*.

NECROLOGICAL RECORD.

DR. WILLIAM TURK, U. S. N., who died on the 20th inst., at Newark, was the oldest Surgeon but two on the Navy List. He was born in the city of New York, was a graduate of Columbia College, with the class of 1796. He entered the Navy as a surgeon's mate, in the year 1800, made a cruise as Acting Surgeon of the U. S. Brig *Richmond*, after which, the Navy being reduced, he resigned his commission, (although he appears by the “Navy List” as having been in the service up to 1812, which is a mistake.) Soon after the war was declared with Great Britain he re-entered the Navy as a Surgeon in 1813, was actively employed in our frigates at sea during the war, also at Craney Island and Baltimore, where our seamen were engaged, and has since seen much service, afloat and on shore, in the varied duties of fleet and Hospital Surgeon, until disease and the infirmities of age rendered him unfit for further active duty. He was loved and respected by a large circle of relatives and friends, and died with the Christian's hope, at the advanced age of 77 years.—*Daily Times*.

Died, at Corpus Christi, on the 17th ult., Surgeon G. T. TURNER, U. S. Army, aged 40 years.

ECLECTIC AND SUMMARY DEPARTMENT.

Remarks upon the use of Beverages in Sickness. By L. A. DUGAS, M.D.—Without intending for a moment to undervalue the importance of a judicious selection of the more active remedial agents in the treatment of disease, the writer nevertheless feels persuaded that much of the success of these, very often depends upon the use of proper adjuvants. The signal advantages frequently derived from the opportune administration of an enema, a foot bath, cold effusion to the head, or even a cup of tea, broth, or gruel, must have been obvious to every discerning practitioner. And yet, it is only at the bed-side that the young physician can derive much information upon the subject, as these matters of detail, cannot be or are not included in such works of general practice as are usually placed in their hands. Treatises and Lectures upon the general principles of Practice are unfortunately but little relished by students, while they read and listen with avidity to specific plans of treatment, and never fail to note down any *recipe* that may be proposed. The more violent, heroic and perturbating methods are, however, gradually giving way to milder and more judicious medication; and palliatives consequently increase in importance. The skill of the practitioner will be found to consist more in the relief of existing symptoms, than in the prescription of special formulae learnt by rote and aimed at a name.

The use of aqueous beverages, especially in acute affections, is now so common that it cannot be a matter of indifference whether the patient partake of the one or the other of the many varieties ordinarily resorted to. The belief that the water they contain is the sole agent of value in their administration, is too exclusive and prevails to too great a degree. By the ingestion of large quantities of water, and the great facility with which it is imbibed by the coats of the stomach and intestines, carried into the portal system, and from thence introduced into the general circulation, the blood is diluted and rendered less plastic, whilst the repletion of the vessels thus induced, gives increased activity to the emunctories—viz., the skin, lungs, and kidneys. The experiments of Magendie demonstrate very satisfactorily that the secretions are increased in a direct ratio with the repletion of the blood-vessels, and vice versa; that absorption is promoted in proportion to the diminution of the circulating mass. While, therefore, in the treatment of acute diseases, which are generally inflammatory, copious beverages are usually found to be useful, by diminishing the plasticity of the blood, and promoting the elimination of noxious or effete principles, their propriety is very questionable when it becomes necessary to favor absorption, as is frequently the case in chronic engorgements, serous effusions, or other deposits. When venesection is practiced, the volume of blood abstracted is very soon replaced by water; whereas, by withholding such beverage, the

partial vacuum of the vessels brings into them the circumjacent fluids with whatever disintegrated matters they may hold in solution. Thus it is that we may satisfactorily account for the agency of depletion and abstinence in the promotion of absorption. Yet it cannot be a matter of indifference whether the drink be acid or alkaline, stimulating or sedative, mucilaginous or acrid, laxative or astringent, nutricious or not. We resort daily to beverages which, in addition to the diluent property of water, unquestionably present one or more of the peculiarities just referred to; and we should endeavor to select such as may be best adapted to each particular case. A brief enumeration of some of those in common use, and an appreciation of their peculiarities, may enable us to present our views more forcibly. They may be advantageously arranged under distinct heads, indicative of their most prominent properties.

DILUENTS.—Of all beverages, water, at the ordinary temperature of spring or well water, will be generally found the most agreeable, as well as the best, when the desired effect be simply to allay thirst or to dilute the blood. Indeed, the cravings of nature so strongly indicate the propriety of cold water as a beverage, in the fevers of our climate, that one cannot look back without a sense of horror upon the time when patients were pertinaciously denied this luxury, notwithstanding their heart-rending entreaties; when they were compelled to linger through long attacks of sickness, with parched lips and cracked tongue, lest a sip of cold water might perchance disagree with the stomach, check the perspiration, or expose them to mercurial salivation! In no particular has modern practice displayed more good sense and humanity, unless it be in the abolition of chains and the lash in the treatment of insanity, than in allowing the sick the free use of cold drinks, especially in Southern fevers. A draught of good cold water will often act like a charm, quieting the stomach, and inducing copious excretions from the skin, kidneys and lungs.

The facility with which ice is now procured in most of our towns, has led to the very free use of iced water; and, however grateful and beneficial this may be in many cases, there are circumstances in which the propriety of its use is at least questionable. In irritability of the stomach, with or without phlogosis of this viscous, iced water very generally gives great relief; but in affections of the bowels we think it decidedly objectionable. In both diarrhoea and dysentery, its bad effects are almost immediately marked by the supervention of pain and a desire to go to stool. It should also be avoided in all colicky affections, whether partaking of the nature of obstructions, of spasms or of flatulency. In bowel affections we always give the preference to warm or hot drinks. According to our bed-side observations, iced beverages should be also avoided in pulmonary diseases, and in affections of the head. We have frequently found them to induce paroxysms of coughing and dyspnoea in lung complaints, as well as pain and cerebral disturbance in affections of the brain, while tepid or warm drinks do not produce such effects. The rationale of such consequences is so evident as scarcely to need an

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explanation. The principle is here the same as that upon which we account for the injurious effects resulting from the exposure of one part of the body to cold when another part is predisposed to or actually suffering from inflammation. No one would think of plunging in iced water the feet of a patient laboring under affections of the bowels, thorax, or head; nor should the stomach be filled with iced water under such circumstances, although this organ may be benefitted by cold applications of the kind to its own surface when this is affected. The same remarks may be applied to acute affections of the skin, and old women are therefore not wrong in objecting to iced drinks in scarlatina, measles, and smallpox, however much they may err in insisting upon keeping the body excessively warm.

In the *cold* stage of our fevers we think warm drinks preferable to cold ones. They hasten the termination of the chill and bring on perspiration much sooner; and though they may be more apt to induce emesis, the very efforts to vomit materially determine the circulation to the surface, and consequently abridge the cold stage.

DEMULCENTS.—Under this head we may place all the mucilaginous infusions, as those of Flaxseed, Slippery-elm bark, Prickly-pear, Bee-leaves, Gum arabic, &c. These are nothing more than diluents in combination with bland materials. They are regarded as especially appropriate in irritations, more or less intense, of the alimentary passages, of the respiratory organs, and of the urinary apparatus. Their use has been so long sanctioned by the profession, that it is not without some hesitation that we intimate a doubt as to their real value, or rather as to their superiority over mere diluents. It can hardly be presumed that the gummy or mucilaginous materials they contain, pass into the circulation unchanged, or without previously undergoing the digestive process. They cannot therefore be viewed as bland applications to any other than the surfaces of the digestive tube. Yet they are continually prescribed as though they were destined to reach unchanged, the mucous surfaces of the lungs and urinary organs. We must confess that we have ourselves been so much in the habit of prescribing infusions of Slippery elm and Prickly-pear in affections of the kidneys, bladder and urethra, that we would dislike to abandon them, however much we may be led by theory to doubt their intrinsic efficacy and to attribute the relief to the water and other medicinal agents with which they are administered. We must also say that we, have never perceived any advantage in the use of demulcents, as such, in pulmonary diseases,—and that we really consider the one in most common use (flaxseed tea) often injurious, in consequence of the rancidity of the seed usually obtained from the shops, and the indigestibility of the infusion when made very mucilaginous, to say nothing of the unpleasantness of the dose. The other demulcents can be so readily procured in a fresh state, and are so much more agreeable, that we see no good reason for the very general use made of flaxseed tea.

The AROMATIC beverages are infusions of mint, balm, sage, catnip, cassafras, &c. Their chief merit consists in being generally palatable

and therefore well received by the stomach. In many instances they will relieve nausea, when this unpleasant symptom would be aggravated by demulcents. They are also decidedly anti-septic, preventing the evolution of gas by averting the tendency to fermentation, and improving the general tone of the digestive organs, without exerting injurious stimulation of the general system. They are particularly well adapted to typhoid fevers and diseases of similar character.

Catnip tea is a favorite prescription of mothers for crying babes, under the impression that the cries always indicate the existence of colic, and that catnip is a specific for this. It cannot be denied that the little creatures very frequently become quieted and go to sleep shortly after partaking freely of the well sweetened tea; but whether this effect is to be attributed to relief from colic, to some anodyne or soporific property of the tea, or simply to the fact that this operates as a substitute for the nourishment the child required, remains to be determined.

Sassafras tea is not unfrequently used in the South as a substitute for Coffee and Hyson tea, and is certainly more palatable than either of these, when as wretchedly prepared as they are in many families. Sassafras has been long supposed to possess alterative properties, and has therefore entered into the composition of most of the so-called Diet Drinks. As we do not, however, profess to understand the true meaning of the term *alterative*, as used technically, and that we consider the Diet Drinks in common use, as mere tonics or restoratives of the general stamina, we presume that Sassafras exerts a beneficial influence upon the digestive organs. And, yet, it is difficult to determine the origin of a prejudice which exists in the minds of many of our people against its habitual use, in consequence of its supposed tendency to the production of intermittent fever. This prejudice is so general in Georgia, that it is supposed to have contributed largely, some years ago, to the defeat of a candidate for the gubernatorial chair, who had in Congress urged an increase of the duty upon tea and coffee, adding that if the enhanced price of these articles proved onerous to some, they might drink sassafras tea. The good people proudly refused to vote for any man who was willing to see them all take the ague and fever, merely for the sake of filling the National Treasury! We believe the prejudice to be unfounded—but would like to know if any *facts* can be adduced in support of it.

ASTRINGENTS.—The only beverages in common use in disease which possess any astringency, are the green and black table teas and the sage tea. This effect is, however, so slight as to be unimportant in general.

LAXATIVES.—We may class as such the infusions of Tamarinds, of dried apples, of dried peaches, of raisins, and of cream of tartar; to which may be added Saratoga water. These are all more or less grateful, and remarkably well adapted to a large class of our diseases, in which the intestines are disposed to be torpid. Those possessed of acidity promote an abundant secretion of bile as well as of gastro-intestinal fluids; hence their common use in warm climates.

ACIDS.—Lemonade and orangeade are such general favorites in dis-

cases of tropical climates, that they are in some of the West India islands, considered as the most important medication in all affections implicating the hepatic secretion. As an anti-bilious remedy, lemonade is held in an equally high esteem by the Creoles as calomel is by the English, and those who borrow their views. Lemonade, besides being exceedingly grateful to the palate, is highly promotive of the mucous, hepatic, renal and cutaneous secretions. The free flow of salivary fluids excited by its contact with the mucous surface of the mouth and the orifices of the ducts that open upon it, will give some idea of its effect upon the gastro-intestinal surfaces and the glands whose ducts terminate in them. The capillary circulation of these mucous membranes and glandular structures, must therefore be much relieved of congestion, if any exist. But besides this local action, lemonade doubtless penetrates the general circulation by imbibition, and is carried to the kidneys and skin, whose secretions it manifestly increases. If the fluids of the system are alkaline, this is changed and they become acid by the free use of this beverage. Producing such decided local and general effects, it would seem more proper to class lemonade among the potent agents of the *materia medica*, than among the mere adjuvants. We feel satisfied that the therapeutic value of lemonade, in the treatment of our fevers, from the simple intermittent to the dreaded yellow fever, has not been fully appreciated by those who indite most of the books upon our shelves—the British, and our Northern brethren.

ANTACIDS.—There are states of the system in which Antacids may be eminently useful, especially if taken largely diluted or in the form of beverages. The officinal lime water, or small quantities of Bicarbonate of Soda, or of carbonate of Potass, may be thus used with plain water. The well water of blue limestone districts is sometimes of great advantage to dyspeptics. A very common error prevails with the non-professional public, who believe that soda enters into the composition of the beverage vended in our cities under the name of "Soda Water," which is nothing but water strongly impregnated with carbonic acid gas, and without any alkaline properties. The name of Soda Water had its origin in the fact that the carbonic acid gas was formerly obtained for the purpose by the action of acids upon the carbonate of soda, whereas it is now usually derived from marble or some other carbonate of lime. By the addition, however, of a little bi-carbonate of soda to this aerated water, a very pleasant and useful antacid beverage may be made.

SEDATIVES.—During the prevalence of the Broussaisian doctrine, which regarded nearly all diseases as abnormal irritations or inflammations, sedatives were eagerly sought after, in the vain hope that they would prove to be of general applicability. The distinguished French reformer, however, refused to acknowledge as such any other articles than Prussic acid and Asparagine. We may perhaps, then be excused for placing under the head of sedatives the infusions of the leaves of the Orange tree, the Lemon tree, and the Peach tree, all of which we believe contain more or less Prussic acid. Be this as it may, there is no doubt that they are exceedingly valuable beverages in our autumn.

nal fevers. The orange-leaf tea is remarkably palatable to most persons, and in addition to being a good diluent, diaphoretic and diuretic, has a soothing effect that can scarcely be appreciated by one who has not realized it in his own person. To secure its full influence, it should be taken freely when hot, and just made, (by pouring boiling water upon the fresh leaves,) for it very soon deteriorates and becomes insipid. In the nervous affections of females, and especially in nervous head-aches, it often acts like charm. The French make great use of the distilled orange flower water, a tea-spoonful of which they add to a glass of sweetened water;—but we think the orange-leaf tea equally valuable, and this is within the reach of every one who has a garden, as the orange tree grows finely in this region of country, and with less trouble than is required to keep the usual supply of balm, sage, &c.

The infusion of Peach tree leaves is peculiarly useful in cases of irritable stomach, whether occurring in our fevers or after a debauch. In such cases, however, it should be made strong and given in small quantities at a time; say a table-spoonful or two, frequently repeated. In cases of hooping-cough, if given freely three or four times a day, it tends materially to lessen the violence of the paroxysms and the duration of the disease. We took occasion many years ago to allude to this use of it, and to recommend it in plantation practice, as safe and valuable.

The last class of beverages to which we shall allude, comprehends those in which NUTRITIOUS elements are added to the diluent. The most common are water holding in solution Gum Arabic, Sugar, and the various syrups, and teas made of toasted bread, rice, barley, &c. The value and applicability of these beverages are so evident, that we mention them merely for the purpose of completing the subject. Indeed we have extended our remarks so much more than we had intended when the theme first presented itself to our mind, that we now entertain serious apprehensions that the reader will be poorly repaid for the trouble of perusing them. We would accordingly withhold them from our pages, were it not that we still feel that the subject is one entitled to more attention than it has heretofore received, and that the imperfections of this hasty paper may induce others to do better.—*Southern Med. and Surg. Journal.*

Vaccination as a Safe and Efficient Prophylactic.—If there be one man in the profession who doubts the efficiency of vaccination, let him read the following extracts from a report made by Dr. Seaton, to the Epidemiological Society of Great Britain.

“We are ourselves satisfied, and it is the concurrent and unanimous testimony of nearly 2000 medical men, with whom we have been in correspondence, that vaccination is a perfectly safe and efficient prophylactic against this disease:

“This proposition we hold to be proved—

“I. By the general immunity with which it is found that those who have been vaccinated can mingle with small pox patients, a fact so familiar that we do not feel that we need adduce any illustration of it.

"2. By the gradual decrease which has taken place in the mortality from small pox, as compared with the mortality from all causes, since vaccination has been introduced and been generally received. This is illustrated in the following tables:—

"(A.) Table showing the average of deaths from small pox out of every 1000 deaths from all causes, within the bills of mortality, for decennial periods, during the last half of the last century (the half century preceding vaccination.)

For the 10 years ending	1760	-	-	-	100
"	1770	-	-	-	108
"	1780	-	-	-	98
"	1790	-	-	-	87
"	1800	-	-	-	88

"(B.) Table showing the average of deaths from small pox out of every 1000 deaths from all causes, within the bills of mortality, for decennial periods, during the first half of the present century (the half century succeeding the introduction of vaccination.)

For the 10 years ending	1810	-	-	-	64
"	1820	-	-	-	42
"	1830	-	-	-	32
"	1840	-	-	-	23
"	1850	-	-	-	16

—*Psychological Inquiries.*

Deaths from Ignorance.—A number of deaths take place, every year, of which the "Crowner's quest laws" has no cognizance and takes no notice. They are the deaths, by peradventure, caused by mistakes in the administration of medicine. People go to a druggist's, ask for one medicine, and then receive another. The substituted drug is taken, death sometimes ensues, and is often attributed to any but the right cause. It is desirable that such accidents shall be prevented, and the prevention is not so difficult as might appear on a casual view of the question.

Only two things are requisite. First, that drugs be sold by none but registered licensed persons, (whether druggists or apothecaries,) and, secondly, that all such persons shall be duly qualified. The qualification—whether for the principal or his assistants and apprentices—should imperatively be the result of an examination as to the nature, quality, uses, doses, and genuineness of drugs and medicines, whether simple or compounded.

In this country, (and the practice is the same in Great Britain,) any person may open a drug-store, sell medicines, and even make up a prescription. Of course, if there be any death from the substitution of drugs, or from an overquantity of the dose, or from any error in compounding the medicine, the law has a hold upon the person or persons through or by whom the fatal mistake may have been made. It has happened, however, here and elsewhere, that comparatively few cases are on record in which the culpable negligence or ignorance of drug dis-

pensers has been punished. Yet a death so caused is Manslaughter as much as if it had been inflicted by sword or pistol. At the most, (with few exceptions,) a passing condemnation, tacked as a caudal appendage to a Coroner's verdict, is all the notice taken of the matter. In England it is singular enough that there is no law whereby a non-qualified person shall be liable to punishment if he assume without due knowledge, the business of compounding and selling medicines. In the great cities and large towns, the druggist's is a separate and distinct business, over which, at times, a legally qualified person is placed as head. In the smaller towns, the villages, and the hamlets, medicines and groceries are often sold over the same counter, and the shop-boy, with a courage worthy of a better cause, will turn from making up a pound of sugar to compounding a prescription, boldly guessing at the main ingredients.

The culpability is greater across the water than with us, for ever since 1815, there has been an Apothecaries' Act in England, under which a non-qualified person may be prosecuted and fined for dispensing medicines without a license from the Apothecaries' Company. This is a chartered Institution with large funds, which itself furnishes the profession with medicines, the genuineness of which is guaranteed. But, seized with the ambition of rivaling the College of Physicians, the Apothecaries' Company of London have long since departed from their legitimate duty, and extending their examinations to the *practice* of physic, have in a manner neglected the main point of ascertaining the candidate's knowledge of drugs, their origin, uses, qualities, and operation. The effect is, a licentiate Apothecary in England forthwith becomes a general practitioner,—a physician, in fact, in all but name,—leaving the dispensing of medicines and the compounding of prescriptions to the mere druggist who may be (but generally is not,) a qualified Apothecary.

In Ireland, on the other hand, by some happy accident of legislation, all that can practically prevent poisoning by peradventure, has long since been done. As far back as 1796, a law was passed by the Irish Parliament (peace to its *manes!*) which contained the following simple provisos: that none but licentiate apothecaries should compound a prescription; that every person before being apprenticed should pass an examination in Latin, the language in which physicians' prescriptions are written; and that at the end of his term he must pass a strict examination as to his knowledge of drugs and medicines, simple and compounded, and also of the leading elements of chemistry and botany. Out of all this some of the best apothecaries in the world are made—men who do not practice, but dispense medicine. There are very few *druggists* in Ireland—scarcely any except in the wholesale line—and it is doubtful whether, within the last fifty years, there have been half a dozen deaths in Ireland arising out of the mal-administration of medicine there.

It is this "consummation devoutly to be wished," that we desire to see established among ourselves, and like means will produce like effects.—*N. Y. Daily Times.*

Cholera.—[We cannot attempt to enumerate in this short abstract the various plans proposed. We must content ourselves with a reference to those which appear to be, to a greater or less extent, novel.]

Strychnine.—Much discussion has arisen in Paris with respect to this remedy. M. ABEILLE (Bull. Gén. de Thér., Août,) its advocate, published a most sanguine statement of its powers, and termed it as certain a specific in cholera as quinine in ague. He gave the sulphate of strychnine in doses of one-third of a grain in two ounces of water four times in each twenty-four hours; at the same periods he applied thirty to forty leeches on the base of the thorax, according to the strength of the patient. The statements made by G. M. Abeille, have led to the employment of strychnine by many physicians,—viz., See, Grisolle, Renouard, Fremy, Herard, and Vernois, and the result has been that not one of those gentlemen, after a very great experience of strychnine, has been able to perceive the least benefit in bad cases. In slight cases See thinks it useful. Moreover, it is stated by the editor of the 'Bull. Gén. de Thér.' (No. 4, 30 Août, p. 199,) that he himself went to the Hôpital du Roule, where M. Abeille practises, and found that no other of the physicians there, including M. Boudiu, in whose charge the cholera patients were, had the least faith in the practice. The report has also been read to the Académie (L'Union, Sep. 6) by M. Gerardin, on the documents submitted by M. Abeille, in which the statements of this gentleman are shown to be without support, even from his own evidence. We may observe that strychnine has been tried before, and found wanting.

Castor Oil.—Dr. GEORGE JOHNSON (Medical Times and Gazette, Sept.) speaks in high terms of castor oil. He administers half an ounce every half hour, in water; gives cold water *ad libitum*; employs external warmth, but gives no stimulants or opium. Out of fifteen cases of collapsed cholera he saved twelve.

In the 'Times' of September 21st is a Report, presented to the Board of Health by the Medical Council, in which Dr. Johnson's plan of treatment is reported on. It appears that it has been unsuccessful in the hands of others. Out of 89 cases treated by fourteen different practitioners, no less than 68, or 76.4 per cent, were fatal.

Croton Oil.—Dr. STARK (Lancet, Sept.) recommends croton oil: one drop with colocynth every hour, "till a full evacuation of bilious matter is procured." Diluted sulphuric acid, with a little sulphurous acid, is sometimes simultaneously employed to check the vomiting.

The Employment of External Heat and Cold.—In an interesting letter to the Editor of the Bull. Gén. de Thér. (Sept. 15,) M. Legroux states the opinions he has arrived at from the two measures above named. He believes that the use of great degrees of heat is positively and considerably hurtful. Even moderate heat appears to do harm. "Moderate as it may be," says M. Legroux, "heat, whether applied externally, or in the form of hot drinks, augments the malaise and the

anxiety. Few of the patients find relief. But when the heat is extreme and produced by the agency of hot metal, bricks, bottles, hot bags, and when thick coverings, cushions, and eider-down pillows are added, the anxiety becomes inexpressible, the dyspnoea is extreme, the patient tosses about vainly, imprisoned as he is by his coverings, for purpose of perceiving and breathing the cool air; the epigastric fire increases, and the cramps augment in the direct ratio of the heat. It is a veritable torture, a frightful torment. . . . Great heat is fatal to patients with cholera. This fact is incontestable, and the public should be warned of it."

On the other hand, Legroux has found evident benefit from cold, iced drinks, from allowing the patient to roll freely in bed, so that the cool air may blow upon him.

The author speaks very highly of the effect of sinapisms. "To conclude," he says, "the fatal effect of an excessive calorification, the benefit of sinapisms, and the good effects of cold drinks, are the only therapeutic facts which it is possible to generalize in the confirmed algide cholera."

Production of Artificial Dropsey in Cholera.—Mr. RICHARDSON (Assoc. Med. Journ., Sept.) proposes to inject fluid into the peritoneal cavity of the cellular tissue, under the idea that it will be absorbed readily. Some experiments are related to show how easily and how safely the plan may be carried out. We are not aware that it has been tried on any cholera case. [Unfortunately, we are afraid that this ingenious suggestion will, like other plans, not succeed. Strychnine, iodide of potassium, and other remedies, have been injected into the cellular tissue, but have not been absorbed.]

Sulphuret of Potassium.—Dr. FROMENTEL (L'Union, Août) dissolves this substance in water, with or without sugar, and gives a table spoonful every half-hour or hour.

Sulphuric Acid.—Dr. FULLER (Med. Times and Gazette, August,) repeats the favourable opinion he formerly expressed of the utility of this remedy. One ounce of the dilute acid of the 'Pharmacopœia' is added to eleven ounces of water, and one ounce and a half are given every twenty or thirty minutes, according to the severity of the case. Six or eight doses altogether are given.—*B. & F. Med.-Chirurg. Review.*

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EMBELLISHMENTS.

Steel engraved Portrait of Jonathan Knight, M. D.
 " " " of A. H. Stevens, M. D.
 " " " of John C. Warren, M. D.
 " " " of R. D. Mussey, M. D.

Dec. 7, 1814.

CATALOGUE
OF
DRUGS, PHARMACEUTICAL PREPARATIONS,

AND
MEDICINAL WARES,

OFFERED TO PHYSICIANS BY

BULLOCK & CRENSHAW,

(SUCCESSORS TO SMITH & HODGSON.)

DRUGGISTS AND MANUFACTURING CHEMISTS,

Northeast Corner of Arch and Sixth Streets,

PHILADELPHIA.

MAY 1, 1854.

PREFACE.

IN issuing the present edition of their Catalogue, the Subscribers have extended the list of medicines to embrace all the new preparations of importance.

The list of apparatus has received many additions, and the forms of many of the important articles are illustrated by wood-cuts.

Our arrangements enable us to supply all the new preparations as they are presented to the notice of the Profession.

Connected with our establishment we have a laboratory in which our pharmaceutical preparations are made, under our own superintendence, and in strict accordance with the U. S. Pharmacopeia, and our powders are prepared from articles which have been carefully selected by ourselves.

In the list of medicinal wares will be found the prices of glass-stoppered bottles, which, by importing, we are enabled to sell at low rates. These bottles, both by their handsome appearance and greater convenience, are much more suitable for a Physician's office than the cork-stoppered bottles; and where there is not a special order to the contrary, such bottles will be used for putting up their articles, and will be charged at the prices named in the list.

The skeletons priced are from one of the first anatomical establishments in Paris, and will be found of a superior quality; they are so cleaned that the grease will not appear on them after keeping. The list of anatomical preparations, &c., annexed, will, it is hoped, enable Colleges, Professors, and others to supply themselves with such articles without the expense of sending a person to Europe specially for this purpose.

The Magneto-Electric machines, described at the close of the Catalogue, are the most approved instruments in use for applying electricity as a remedial agent. The instrument operates without acids, has received the sanction of the Professors in our Medical Schools, and practitioners of highest eminence.

We have published a catalogue of chemicals, pure reagents and chemical apparatus, illustrated by wood-cuts, which we will be happy to furnish upon application.

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Being also the manufacturers of Osborne's superfine American Water Colors, the reputation of which has been long established, we will take pleasure in forwarding price currents to all who may desire them.

BULLOCK & CRENSHAW,
Sixth and Arch Streets, Philadelphia.

May 1, 1854.

DRUGS AND MEDICINAL WARES

OFFERED TO

PHYSICIANS

BY BULLOCK AND CRENSHAW,

N. E. CORNER ARCH AND SIXTH STS., PHILADELPHIA.

ACETONE (pyroxilic spirit).	\$2 00	per lb.*
ACETUM, Opii	1 50	lb.
Scilla	50	lb.
ACID: Acetic: No. 8	28	lb.
Arsenious, Pure	25	lb.
Arsenic:	25	oz.
Benzoic:	40	oz.
Citric:	2 00	Scarce lb.
Gallic:	1 50	oz.
Muriatic: Med: Pure	12	lb.
Nitric: Med: Pure	25	lb.
Nitro-muriat:	25	lb.
Phosphoric: Glac:	50	oz.
" Dilut:	1 00	lb.
Prussic: U. S. P. in oz. Stop. Bot.	31	oz.
Pyroligneous	25	lb.
Sulphuric:	66	lb.
" Aromatic:	50	lb.
Oxalic:	50	lb.
Tannic:	31	oz.
Tartaric:	75	lb.
ACONITINE	15	gr.
ALCOHOL: U. S. P:	62 to 75	gall.
Absolute	50	pint.
ALUM	68	lb.
ALOE, Capens:	25	lb.
" Pulv:	38	lb.
Socotrina	63	lb.
" Pulv:	75	lb.
AMMON: Carb:	30	lb.
Murias	25	lb.
AMMON: Nitras.	1 00	lb.
Phosphas	1 50	lb.
ANNATTO	50	lb.
ANTIM: et Potass: Tart:	62	lb.
Sulph: Pulv:	20	lb.
" Kermes:	12	oz.

* The pounds and ounces referred to in this Catalogue are all avoirdupois; for convenience we have used the term dr. for the 1/8th of an avoirdupois ounce.

AQUA: Ammon: fff.	\$0 20	per pt.
" Concent.	50	pint.
Destill:	06	pint.
Fortis	12	lb.
Rose	15	pint.
ARGENTI NITRAS, Cryst:	1 25	oz.
" " Fus:	1 25	oz.
" " Oxid:	2 00	oz.
ARSENICUM (pure sublimed)	25	oz.
" Iodid:	1 50	oz.
ARSENICI SOLUT: (Fowler's)	50	pint.
" (Donovan's)	1 00	pint.
ASPARAGIN	1 00	dr.
ASSAFETIDA	38	lb.
ATROPIA	15	gr.
BACCÆ JUNIPERI	25	lb.
Pip: Nig: Pulv:	20	lb.
BALSAM: Canada	88	bottle.
Copaiba	62	lb.
" Solid:	1 00	lb.
" Capsules	75, 1 50, 2 00	doz.
Peruv:	25	oz.
Sulphur:	1 00	lb.
Tolu:	1 25	lb.
BEBEERIN	50	dr.
Sulph:	38	dr.
BISMUTH: Subnit:	12	oz.
Valerian:	50.	dr.
BLUE MASS: vid: Pil: Hydarg:		
BRUCIA	50	dr.
Sulph:	50	dr.
BURGUNDY PITCH	16	lb.
CADMII Sulph:	1 50	oz.
CAFFEINE	1 00	dr.
CALCIS Chlorid:	10	lb.
Carb: Praecip: Eng:	38	lb.
" Prep:	08	lb.
CALCII Chlor: Pure	06	oz.
CALCIS PHOSPH: Praec:	50	lb.
CALOMEL vid: Hydrag: Chlor: Mit:		
CAMPHORA	50	lb
CANTHARIDES	(scarce)	
Pulv:	(scarce)	
CANTHARIDIN TISSUE (Brown's)	1 50	can.
Dressing Tissue "	75	can.
CAPSICI AFRIC: Pulv:	50	lb.
CARBO LIGNI, Pulv: (Willow)	25	lb.
CARRAGEEN	25	lb.
CARYOPHYLLUS	38	lb.
CASTOREUM RUSSIC:	1 25	oz.
CATECHU	25	lb.
Pulv:	38	lb.
CERA ALBA	60	lb.
CERATUM Cantharidis	1 50	lb.
Cetacei	50	lb.
Plumbi S'act	50	lb.

CERATUM Resinæ		\$0 50	per lb.
" Comp:		50	lb.
Sabinæ		50	lb.
Simplex		50	lb.
Zinci Carb:		50	lb.
CETACEUM		56	lb.
CHIMAPHILA		25	lb.
CHINOIDINE		75	oz.
CHLOROFORM		1 50	lb.
CINCHONINE		1 25	oz.
CINCHON: Sulph:		1 25	oz.
COCCINELLA		12	oz.
CODEINE		3 00	dr.
COLOCYNTHUS		1 00	lb.
COLLODION, in 1 oz. Stop. Bot.		2 00	doz.
Cantharidal, in $\frac{1}{2}$ oz. Stop. Bot.		2 00	doz.
COD-LIVER OIL, Vid: Ol: Jecoris:			
CONFECT: Rose		50	lb.
Opii		10	oz.
Sennæ		50	per lb.
CONIA		2 00	dr.
CORTEX Aurantii		15	lb.
Angusturæ		30	lb.
Canellæ		20	lb.
" Pulv:		30	lb.
Cascarillæ		25	lb.
Cassia		50	lb.
" Pulv:		62	lb.
Cinchon: Flav:		1 75	lb.
" " Pulv:		2 00	lb.
" Rub:		1 50	lb.
" " Pulv:		1 75	lb.
Cinnam: (Ceylon)		12	oz.
Mezerei		25	lb.
Prun: Virg:		20	lb.
Punie: Gran: Fruct:		38	lb.
" " Rad:		50	lb.
Quassie Simarub:		75	lb.
Sasaf: Rad:		15	lb.
Ulini		15	lb.
" Pulv: (Fine)		25	lb.
Ulini, Pulv: (Coarse)		20	lb.
Winteræ Aromat:		75	lb.
Xanthoxyl:		38	lb.
CREASOTUM, in 1 oz. Stop. Bot.		38	oz.
CROCUS SATIVUS		62	oz.
CUBEBA		(scarce) 50	lb.
Pulv:		(scarce) 62	lb.
CHEL滕HAM SALT		3 00	doz.
CUPRI SULPHAS		15	lb.
CUPRI DINIODID:		75	oz.
DELPHIA			
DIGITALINE		25	gr.
DOLICHOS PRURIENS (Cowhage)		1 00	oz.
ELATERIUM (Clutterbuck's)		88	dr.
ELIXIR OPII (McMunn's)		2 25	doz.

ELIXIR OPII (Crew's)		\$2 00	per doz.
EMETINE	2 50	oz.	
EMPLAST: Adhesiv:	38	lb.	
Ammoniac:	75	lb.	
" C. Hydrang:	1 25	lb.	
Assafot:	1 25	lb.	
Belladon:	1 50	lb.	
Calefac:	75	lb.	
Cantharid:	1 50	lb.	
Gaban: Comp:	50	lb.	
Hydrang:	1 00	lb.	
Logani:	50	lb.	
Myrrhae:	1 25	lb.	
Opii:	2 00	lb.	
Plumbi:	38	lb.	
Resinæ:	38	lb.	
Roborans:	38	lb.	
Saponis:	50	lb.	
ERGOTA	1 25	lb.	
Pulv:	1 50	lb.	
ERGOTINE	65	dr.	
ESS: MENTH: PIP:	75	pint.	
ETHER Acetic	60	pint.	
Chloric	50	pint.	
Sulphuric	30	pint.	
" Letheon	38	pint.	
EXTRACT: Aconiti, Eng:	25	oz.	
Anthemid:	12	oz.	
Belladon:	25	oz.	
Cannab: Ind: Eng:	3 00	oz.	
Cinchon: Præcip: in oz. Pots	75	oz.	
Cinchon: Fluid:	2 50	lb.	
Colchici: Acet:	50	oz.	
Coloc: Comp:	2 50	lb.	
Coloc: Simp:	50	oz.	
Conii, Eng:	12	oz.	
Cotyledon: Umbilic:	1 00	oz.	
Cubeb: Fluid:	31	oz.	
Digital:	25	oz.	
Diosme Fluid:	1 50	lb.	
Dulcamarae,	19	oz.	
Glycyrrhiza Calab:	30	lb.	
" Pulv:	50	lb.	
Gentiana:	50	lb.	
Hellebor: Nig:	25	oz.	
Hyoscyami, Eng:	25	oz.	
Jalapæ Alc.	25	oz.	
Jugland:	12	oz.	
Krameria (by cold displacement),	20	oz.	
Monesia:	2 00	oz.	
Nuc: Vom: Alc:	50	oz.	
Opii Acet:	1 00	oz.	
" Aquos:	1 00	oz.	
Pareira Brav:	50	oz.	
Polygalæ Senegæ	50	oz.	
Quassia:	50	oz.	

er doz.	EXTRACT: Rhei	\$0 25 per oz.
oz.	" Fluid	2 00 lb.
lb.	Sabinæ	50 oz.
lb.	Sarsap: Ale:	38 oz.
lb.	" Fluid: Com:	6 00 doz.
lb.	Sennæ " "	1 50 lb.
lb.	Spigelia " "	1 50 lb.
lb.	Stramoni	25 oz.
lb.	Secale Comut: (without oil)	50 oz.
lb.	Taraxaci, Eng:	12 oz.
lb.	Valerian Fluid:	1 50 lb.
lb.	" Solid: (Etherial)	50 oz.
lb.	FECULA MARANTA BERMUDA	50 lb.
lb.	FARINA Avenue Beth:	10 lb.
lb.	Sem: Lini	12 lb.
lb.	FERRI Arsenias	75 oz.
lb.	Ammon: Chlor:	06 oz.
lb.	Bromid:	1 00 oz.
lb.	Carb: Precip:	30 lb.
lb.	" Vallet's	75 lb.
dr.	Citras	20 oz.
pint.	Ferrocyanuret:	12 oz.
pint.	Iodid:	75 oz.
pint.	Lactas	38 oz.
pint.	Limatura	12 lb.
pint.	Oxid: Hydrat:	50 lb.
oz.	Oxid: Nig:	10 oz.
oz.	Pernit: Solut:	75 lb.
oz.	Phosphas	60 lb.
oz.	Et Magnes: Citras	38 oz.
oz.	Et Potass: Tart:	75 lb.
lb.	Et Quin: Citras	1 25 oz.
oz.	Et Potass: Tart: (in Scales)	20 oz.
lb.	Sesquichlor:	38 oz.
oz.	Sulphas Pur:	25 lb.
oz.	Tart: Ammon	20 oz.
oz.	Tannas	62 oz.
oz.	Valerianas	3 00 oz.
oz.	FERRUM subtilissim:	25 oz.
lb.	" per Hydrogen (Quevennes)	50 oz.
oz.	" " " " " French,	1 00 oz.
lb.	FLORES ANTHEM:	50 lb.
lb.	Arnicæ	50 lb.
lb.	Lavand:	25 lb.
oz.	Rose Gallie:	1 50 lb.
oz.	FOLIA Aconiti, Eng:	1 00 lb.
z.	Belladon: "	1 00 lb.
z.	Conii "	1 00 lb.
z.	Digitalis "	1 00 lb.
z.	Digital: Ang: Pulv:	1 25 lb.
z.	Diosmæ Crenat:	75 lb.
z.	Hyoscyam: Eng:	1 00 lb.
z.	Lobeliae	50 lb.
z.	Matico	12 oz.
z.	Sabinæ, Eng:	1 00 lb.
z.	" " Pulv:	1 25 lb.

		\$0 38 per lb.
FOLIA Sennæ Alex.		50 lb.
" " Pulv:		50 lb.
Uva Ursi		25 lb.
FUCUS HELMINTHOCORTON		75 lb.
GALLA ALEPPO		50 lb.
" Pulv:		65 lb.
GLYCERINE		15 oz.
GRANVILLE'S LOTION		50 pint.
GUM: Acac: No. 1.		80 lb.
" No. 2.		60 lb.
" Pulv:		75 lb.
Ammoniac:		50 lb.
Benzoin:		75 lb.
Elemi:		50 lb.
Galban: Cobat:		1 00 lb.
Gambogia		1 25 lb.
" Pulv:		1 50 lb.
Guaiacum		50 lb.
Myrrha Tere:		68 lb.
" Pulv:		88 lb.
*Scammon: (Virgin)		1 00 oz.
" " Pulv:		1 00 oz.
Tragacanth:		75 lb.
Styrax		62 lb.
GUTTA PERCHA		
HIERA PICRA		75 lb.
HOOPER'S PILLS		75 doz.
HORDEUM PERLAT:		12 lb.
HYDRARGYRUM		1 50 lb.
Ammon:		12 oz.
Chlor: Mit:		1 25 lb.
Chlor: Mit: Aug:		1 75 lb.
Bichlor: Corros:		12 oz.
Bicyanid:		50 oz.
Cum Creta		12 oz.
Iodid: Proto:		75 oz.
" Bin:		75 oz.
Nitras Per: (acid)		25 oz.
Oxid: Rub:		12 oz.
Phosphat:		75 oz.
ICHTHYOCOLLA Americana		1 00 lb.
Russic:		50 oz.
IODINUM (Resublimed in 1 oz. Stop. Bot.)		75 oz.
KINO		1 00 lb.
LACTUCARIUM		1 00 oz.
LAPIS DIVINIS		25 oz.
LICHEN Island:		15 lb.
LIGNUM Guaiaci Rasp:		12 lb.
Quass:		12 lb.
Santal: Rub:		12 lb.
LINTEUM		1 25 lb.
LIQ: Ammon: Acet:		25 lb.
Plumb: S: Acet:		50 pint.

* Aleppo Scammony has become so impure we do not price it. We had occasion to test a number of samples, and no one contained five per cent. of Virgin Scammony.

per lb.	LIQ: Donovani	\$1 00	per pint.
lb.	Ferri Termitras	.75	pint.
lb.	Opii Sedativ:	1 00	pint.
lb.	Potass:	.25	pint.
lb.	" Arsen: (Fowler's)	.50	pint.
lb.	Soda Chlorinata (Labarraque's),	.38	pint.
oz.	LUNAR CAUSTIC, Vid: Argent: Nit:		
pint.	LUPULINA	.20	oz.
lb.	LYCOPODIUM	1 00	lb.
lb.	MACIS	1 50	lb.
lb.	MAGNES: Calc: Opt: Ang:	.75	lb.
lb.	" " " in lb. bottles	1 00	lb.
lb.	Carb:	.30	lb.
lb.	" Sm: Squares	.56	lb.
lb.	Citras: (Effervescent solution)	2 25	doz.
lb.	*Husband's	4 00	doz.
lb.	Henry's	8 00	doz.
lb.	Sulphas	.06	lb.
lb.	MANGANESII Carb:	.38	oz.
lb.	Chlorid:	.38	oz.
oz.	Iodid: (solut:)	.25	oz.
oz.	Oxid: (black)	.12	lb.
lb.	Oxid: (Red)	.38	oz.
lb.	Phosph:	.38	oz.
lb.	Sulph:	.25	oz.
lb.	Tart:	.25	oz.
lb.	MANNA, Small Flake		scarce.
lb.	Large Flake		scarce.
lb.	MANNITE	.25	oz.
oz.	McMUNN'S ELIXIR	2 25	doz.
lb.	MECONIN		
lb.	MEDULLA Sassafr:	.50	oz.
oz.	MEL ROSÆ	.50	lb.
oz.	MONARDINE	.50	dr
oz.	MORPHIA Pure Alkaloid	.75	dr.
oz.	MORPHIÆ Acetas	4 00	oz.
oz.	Murias	4 00	oz.
oz.	Sulphas	4 00	oz.
oz.	Tannas	.75	dr.
oz.	Valerianas	1 00	dr.
lb.	MOSCHUS		
oz.	MUCUNA (Cowhage)	1 00	oz.
z.	MYRISTICA	1 50	lb.
b.	NAPHTHA	2 00	lb.
z.	NARCOTINA	.75	dr.
b.	NUCIS VOM: Pulv:	.38	lb.
b.	OLEUM Amygd: Amar:	1 25	oz.
b.	" Dule:	.62	lb.
b.	Anethi Foeniculi	.20	oz.
b.	Anisi	.20	oz.
b.	Aurantii Cort:	.20	oz.
b.	Bergamii	.38	oz.
b.	Cari	.25	oz.

* Husband's magnesia has been long used by the Profession in this city, and is preferred to Henry's.

OLEUM	Cajuputi	\$0 25 per oz.
Camphoræ	25 oz.	
Caryophylli	25 oz.	
Cassiae	31 oz.	
Chenopodii	38 oz.	
Copaibæ	12 oz.	
Croton: Tiglii	50 oz.	
Cubebæ	38 oz.	
Ergotæ	1 00 oz.	
Gualtheriae	38 oz.	
Hedemore	20 oz.	
Jecoris Aselli (in pint bottles)	5 00 doz.	
Juniperi	75 lb.	
Lavandulæ	12 oz.	
Limonis	25 oz.	
Menthæ Piperitæ	38 oz.	
" Sativæ	25 oz.	
Monardæ	20 oz.	
Myristicæ Ess:	75 oz.	
Olivæ Opt:	doz.	
" Com:	25 pint.	
Origani	75 lb.	
Ol Pimentæ	1 00 oz.	
Piper: Nig:	1 00 lb.	
Pini Canadensis	75 lb.	
Ricini	25 lb.	
Rosmarini	75 lb.	
Sabinae	12 oz.	
Sassafras	10 oz.	
Succini Rect	1 00 lb.	
Tanaceti	20 oz.	
Terebinthineæ	10 pint.	
Valerianæ	1 25 oz.	
OPIUM Ture: (variable)	5 00 lb.	
" Pulv:	50 oz.	
" Denarcot:	75 oz.	
OPODELDOD, Liquid.	1 00 doz.	
Solid	1 00 doz.	
OX GALL, Inspissated	31 oz.	
PAPAV: Capsul:	38 lb.	
PIMENTA	38 lb.	
PIMENTÆ Pulv:	50 lb.	
PETROL: Barbadiens:	25 lb.	
PIL: HYDRARG: U. S. P.	1 25 lb.	
PIPERINE	75 oz.	
PIX Abietis	16 lb.	
Canadensis	50 lb.	
PLUMBI Acetas	20 lb.	
Iodid:	1 00 oz.	
Nitras	50 lb.	
POTASSA Fusa (Caustic)	12 oz.	
POTASSÆ Acetas.	12 oz.	
Arsenias	50 oz.	
Arsenitis	12 lb.	
Bicarb: Cryst:	37 lb.	
Bitart: Pulv:	(scarce) 50 lb.	

POTASSÆ Carb: (Sal : Tart:)	\$0	15	per lb.
Chloras	75		lb.
Citras	(scarce) 2 00		lb.
Nitras	12		lb.
Sulphas	16		lb.
Sulphas Pulv:	25		lb.
Tart:	50		lb.
POTASSII Bromid:	1 00		oz.
Cyanid:	12		oz.
Ferrocyan:	06		oz.
Ferricyan:	12		oz.
Iodid:	50		oz.
Sulphuret:	50		lb.
PREPARED CHALK (See Calcis Carb:)			
PULVIS Antimonialis	06		oz.
Aromat:	25		oz.
Doveri	20		oz.
Seidlitz	38		lb.
QUINLÆ Acetas	4 50		oz.
Arsenias	6 00		oz.
Citras	4 50		oz.
Ferrocyan:	4 50		oz.
Iodid:	6 00		oz.
Lactas	6 00		oz.
Murias	4 50		oz.
Sulphas	3 25		oz.
Tannas	4 50		oz.
Valerianas	1 00		dr.
RADIX Aconit. Contus	1 00		lb.
Actææ Racemos:	30		lb.
Arnicæ	1 00		lb.
Belladonnaæ	1 50		lb.
Colchiae, Eng:	50		lb.
Colombæ	20		lb.
“ Pulv:	38		lb.
Curcumæ Opt: (Turmeric)	25		lb.
Gentianæ	12		lb.
Gent: Contus	20		lb.
“ Pulv:	30		lb.
Geranii Maculat:	50		lb.
Glycyrrhizæ	10		lb.
“ Pulv:	25		lb.
Hydrastis Canadensis	50		lb.
Ipecac:	(scarce)		lb.
“ Pulv:	(scarce)		lb.
Irid: Florent:	25		lb.
“ “ Pulv.	38		lb.
Jalapeæ	88		lb.
“ Pulv:	1 00		lb.
Krameriae	38		lb.
“ Contus	50		lb.
“ Pulv:	62		lb.
Pareira Brava	1 25		lb.
Rhei E. I.—(best)	(scarce) 1 75		lb.
“ Pulv:	(scarce) 2 00		lb.
Russie:	38		oz.

RADIX	Rhei Russic: Pulv	\$0 50	per oz.
	Sanguinarie	50	lb.
	" Pulv:	75	lb.
	Sarsap: Contus:	28	lb.
	Scilla	25	lb.
	" Pulv:	62	lb.
	Senegæ	(scarce)	lb.
	Serpentariae	(scarce)	lb.
	" Pulv:	50	lb.
	Spigelia	(scarce)	lb.
	" Pulv:	50	lb.
	Stillingia	1 15	lb.
	Taraxaci	30	lb.
	Tormentillæ	38	lb.
	Valerianæ, Eng.	50	lb.
	" " Pulv:	75	lb.
	Zingib: Jamaic:	50	lb.
	" " Pulv:	62	lb.
RESINA	JALAPÆ	1 00	oz.
SACCHARUM	LACTIS	60	lb.
SAGO	PERLAT:	10	lb.
SAL:	Rocheille:	38	lb.
	Prunelle	38	lb.
SALACINE		75	oz.
SANGUIS	DRACONIS	1 50	lb.
SANTONINE		1 75	oz.
SAPO	Hispan:	18	lb.
	Windsor (Brown)	12	cake.
SEIDLITZ	POWDERS, in Tin Boxes	2 25	doz.
	MIXTURE	38	lb.
SEMINA	Aniso	20	lb.
	Cardam:	1 50	lb.
	Cari	20	lb.
	Chenopod: Anthelm:	25	lb.
	Colechici	50	lb.
	Coriandri:	15	lb.
	Cydoniæ	25	oz.
	Fœniculi	15	lb.
	Lini	08	lb.
	Sinapis	15	lb.
	" Pulv: Eng:	38	lb.
SODÆ	Acetas	12	oz.
	Arsenias	50	oz.
	Anseris	12	oz.
	Biboras	38	lb.
	Bicarbonas	12	lb.
	Carbonas	06	lb.
	Nitras Ref:	25	lb.
	Phosphas	50	lb.
	et Potassæ Tart:	28	lb.
	Sulphas	06	lb.
SOLANUM	DULCAMARA	25	lb.
SP:	Ammon:	25	pint.
	" Arom:	50	pint.
	Æther: Nit:	20	pint.
	" Sulph: Comp:	30	pint.

oz.	SP: Lavand: Comp:	\$0 50	per pint.
lb.	Vini Gallic: (4th proof French Brandy)	3 00	gal.
lb.	Lavand: Simp:	50	pint.
lb.	SPONGIA (Prepared for Surgical use) various prices		
lb.	STRYCHNIA	75	dr.
lb.	Sulph:	75	dr.
lb.	SULPHUR Rotund:	06	lb.
lb.	Sublimat:	10	lb.
lb.	Iodid:	75	oz.
lb.	Sublimat: Lot:	15	lb.
lb.	Princip: Pur:	75	lb.
lb.	SYRUPUS Althææ	75	lb.
lb.	Allii	75	lb.
lb.	Acacie	50	lb.
lb.	Aurantii	50	lb.
lb.	Digitalis	50	lb.
lb.	Ferri Iodid:	1 50	lb.
lb.	" Citratis	1 50	lb.
lb.	Gallæ	50	lb.
lb.	Ipecac:	50	lb.
lb.	Limonis	3 00	doz.
lb.	Lobeliae	50	lb.
lb.	Marrub Comp:	50	lb.
lb.	Morph: Sulph: (Jackson's)	75	lb.
lb.	Papaveris	50	lb.
lb.	Prun: Virg:	50	lb.
lb.	Rhamni Cathart: Ang:	1 00	lb.
lb.	Rhei	50	lb.
lb.	" Aromat:	50	lb.
lb.	Sarsap: Comp:	50	lb.
lb.	Scillæ	50	lb.
lb.	" Comp:	50	lb.
lb.	Simplex	25	lb.
lb.	Sennæ	50	lb.
lb.	Senegæ	50	lb.
lb.	Tolutani	50	lb.
lb.	Syrupus Zingiberis	50	lb.
lb.	TANNIN	31	oz.
lb.	TAPIOCA	25	lb.
lb.	TARTAR EMETIC (Vid: Ant: et Pott Tart:)		
lb.	TEREBINTHINA Venet:	30	lb.
lb.	TEST: OST: PRÆP:	75	lb.
lb.	TINCTURA Aconiti Fol:	50	pint.
lb.	" Rad: U. S. P.	10	oz.
lb.	" " (Flemings)	12	oz.
lb.	Aloes	50	pint.
lb.	" Comp:	50	pint.
lb.	" et Myrræ	50	pint.
lb.	Assafætidæ	50	pint.
lb.	Arnicae	50	pint.
lb.	Aurantii	50	pint.
lb.	Belladonnæ	50	pint.
lb.	Benzoin: Comp:	50	pint.
lb.	Buchu	50	pint.
lb.	Colombæ	50	pint.
lb.	Camphoræ	50	pint.

TINCTURA Cannab: Ind:		\$0 12 per oz.
Cantharidis	50	pint.
Capsici	50	pint.
Cardam: Comp:	50	pint.
Castorei	1 50	pint.
" Ammon:	2 00	pint.
Catechu	50	pint.
Cinchonæ	75	pint.
" Comp:	75	pint.
Conii	50	pint.
Cubebæ	50	pint.
Digitalis	50	pint.
Fern: Acet:	50	pint.
" Amar	50	pint.
" Chlorid:	50	pint.
Matico	06	oz.
Gent: Com:	50	pint.
Guaiaci	50	pint.
Guaiaci Ammon:	75	pint.
Humuli	50	pint.
Hyoscyami	50	pint.
Iodini	75	pint.
" Lugol's	75	pint.
Jalape	50	pint.
Kino	50	pint.
Krameria	50	pint.
Lobeliae	50	pint.
Lupulinæ	50	pint.
Myrrhæ	50	pint.
Nuc: Vomicae	50	pint.
Opii	75	pint.
" Acet:	1 00	
Opii Camph:	50	pint.
Quassia	50	pint.
Rhei	50	pint.
" et Aloes	50	pint.
" et Gentianæ	50	pint.
Rhei et Senna	75	pint.
Sanguinaria	50	pint.
Saponis Camph:	50	pint.
Scillæ	50	pint.
Sennæ Comp:	50	pint.
Serpentaria	50	pint.
Tolutani	50	pint.
Valerianæ	50	pint.
Valer: Ammon:	75	pint.
Zingiberis:	50	pint.
TROCHES Menth: Pip:	75	lb.
Soda Carb:	75	lb.
Wistari, in Boxes	1 00	doz.
Zingiberis	75	lb.
UNGMENTUM Acid: Nitric:	50	lb.
Althæa	75	lb.
Aq: Rose (with Glycerine)	75	lb.
Cantharid: (for dressing Blisters)	1 00	lb.
Cucumis	1 00	lb.

UNGUENTUM Hafeland:		1 00	per lb.
Hydrg: U. S. P. (half Mercury)		1 25	lb.
" Nitrat:		50	lb.
Picis Liquidae		50	lb.
Sabinæ		50	lb.
Simplex		50	lb.
Stramonii		50	lb.
Sulphuris		50	lb.
VACCINE VIRUS	1 00	scab.	
VERATRIA	88	dr.	
VINUM Album	2 00	gall.	
Antimonialis	50	pint.	
VINUM Aromat:	1 00	pint.	
Colchici Rad:	75	pint.	
" " (English from recent root)	1 50	pint.	
" Sem:	75	pint.	
Ferri	50	pint.	
Ipecac:	75	pint.	
Opii	1 00	pint.	
Picis	1 25	gall.	
Rub:	2 00	gall.	
Secale Cornut:	75	pint.	
YEAST POWDERS, in Tin Boxes	2 25	doz.	
ZINCI Acetas	12	oz.	
Carb: Prscip:	12	oz.	
Cyanid:	75	oz.	
Chlorid:	25	oz.	
Iodid:	1 00	oz.	
Oxid:	06	oz.	
Sulphas	25	lb.	
Valerianas	50	dr.	

MEDICINAL WARES,
PHYSICIANS' APPARATUS, ETC.,

FOR SALE BY

BULLOCK & CRENSHAW,

N. E. CORNER ARCH AND SIXTH STREETS, PHILADELPHIA.

ADHESIVE PLASTER,	\$0 25 per yard.
" " in cans of 2 yards $\frac{1}{2}$ width,	0 50 per can.
BED PANS, round and slant, Queensware,	1 25 each.
" " India rubber, for inflation,	2 25 each.

Fig. 1.



BLEEDING BOWLS, graduated (Fig. 1), 0 75 each.

BOTTLES, Narrow Mouth, with Stoppers accurately ground,—	
1 gallon,	7 00 per doz.
half gallon,	4 00 " "
quart,	2 38 " "
pint,	1 75 " "
half pint,	1 37 " "
4 oz.,	1 12 " "
2 oz.,	1 00 " "
1 oz.,	0 90 " "
half oz.,	0 90 " "

BOTTLES, Wide Mouth, with Glass Stoppers,—

gallon,	9 00 " "
half gallon,	4 50 " "
quart,	2 75 " "
pint,	2 00 " "
half pint,	1 50 " "
4 oz.,	1 25 " "
2 oz.,	1 00 " "
1 oz.,	0 90 " "
half oz.,	0 90 " "

BOTTLES, Strong Green Glass, with Glass Stoppers, for Acids,—	
half gallon,	\$0 25 each.
quart,	0 19 "
pint,	0 15 "
half pint,	0 12 "

BOTTLES, Assorted, in Gross Boxes, see Vials.

BOXES, Chip Nested, 12 Nests in a paper,	0 15 paper.
" Paper, Chip Nested, English,	0 20 "
BOUGIES, Elastic,	1 25 per doz.
" " with Ivory tips,	1 50 " "
" Metallic,	0 75 each.
" Elastic (English, very superior),	0 25 "
" Gutta Percha, French,	0 12 "
" Catgut,	0 12 "
" Wax,	0 12 "

Fig. 2.



BREAST EXHAUSTERS,
Elastic (Fig. 2), \$1 00 each.

Fig. 3.



BREAST PIPES (Fig. 3), \$0 25 each.

BREAST PUMPS,	\$2 50 each.
BRUSHES, Cam. Hair, for Throat,	60 to 1 00 per doz.
CATHETERS, Elastic,	1 25 " "
" " with Ivory tips,	1 50 " "
" " Silver—Male,	1 25 each.
" " " Female,	0 75 "
" " (English, very superior),	0 75 "
" Gutta Percha, French,	0 25 "
COLLODION, in oz. Stop. Bot.,	2 00 per doz.
CORKS, Bottle and Vial, all sizes,	

Fig. 4.



CORK PRESSES (Fig. 4), \$0 75 each.

Fig. 5.



CORK-SCREW (Fig. 5), 0 50 each.

Fig. 6.



CORK-SCREW (Fig. 6), 0 38 each.

Fig. 7.



CORK SCREWS (Fig. 7), 0 25 each.

COURT PLASTER, 0 25 per doz.

Fig. 8.



CUPPING GLASSES (Fig. 8), 1 25 per doz.

DOMESTIC INSTRUMENT for Self-Injection (Maws), 2 50 each.

EAR TUBES, Elastic (Horn mounted),	\$1 75 each.
" " (Ivory mounted),	3 00 "

Fig. 9.



Fig. 10.



EYE-GLASSES, Green and White Glass (Fig. 9),	0 20 each.
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EVAPORATING DISHES, Fine Porcelain (Figure 10),

No. 00. Contents 1 oz.,	\$0 12
0. " 1½ oz.,	0 15
1. " 2 oz.,	0 20
2. " 3 oz.,	0 25
3. " 4 oz.,	0 30
4. " 5 oz.,	0 35
5. " 6 oz.,	0 45
6. " 12 oz.,	0 55
7. " pint,	0 70
8. " 1½ pints,	0 90
9. " 3 pints,	1 50
10. " 6 pints,	2 25
11. " 8 pints,	3 00

EVAPORATING DISHES, Berlin Porcelain, 2d quality:—

No. 00. Contents 2 oz.,	0 12
0. " 3 oz.,	0 15
1. " 4 oz.,	0 18
2. " 8 oz.,	0 25
3. " pint,	0 35
4. " 1½ pints,	0 50
5. " quart,	0 75
6. " 3 pints,	1 00
7. " half gallon,	1 15
8. " gallon,	1 37
9. " 1½ gallons,	1 62
10. " 2 gallons,	2 00

EVAPORATING DISHES, Small, in Nests,

FINGER-STALLS of Gum Elastic,	0 75 per doz.
FILTERING PAPER,	0 25 per quire.

Fig. 11.



FUNNEL GLASS (Fig. 11):—

Half gallon,	\$0 37
Quart,	0 25
Pint,	0 20
Half pint,	0 18
4 oz.,	0 15
2 oz.,	0 12
1 oz.,	0 12

Fig. 12.



FUNNELS, Porcelain, for Filtering Hot

Liquids (Fig. 12):—

No. 4. Half gallon,	\$1 25
3. Quart,	1 00
2. Pint,	0 75
1. Half pint,	0 62
0. 4 oz.,	0 38

Fig. 13.

FUNNELS, Porcelain, Perforated, for
Draining (Fig. 13):—

No. 4. Half gallon,	\$1 25
3. Quart,	1 00
2. Pint,	0 75
1. Half pint,	0 62
0. 4 oz.,	0 40

Fig. 14.

FUNNELS, Porcelain, with large holes
for rapid Filtration (Fig. 14):—

No. 3. Quart,	\$1 00
2. Pint,	0 75
1. Half pint,	0 50
0. 4 oz.,	0 38

Fig. 15.



FUNNELS, WEDGWOOD WARE (Fig. 15):—

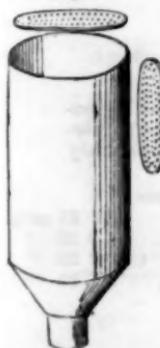
No. 3. $\frac{1}{2}$ pint,	\$0 38
5. pint,	0 62
7. quart,	1 12

Fig. 16.

FUNNELS, GLASS, with Stop Cock for separating fluids
of different densities (Fig. 16):—

$\frac{1}{2}$ gall.	\$3 00
quart,	2 50
pint,	2 00
$\frac{1}{2}$ pint,	1 75

Fig. 17.



FUNELS, QUEENSWARE, with Perforated Diaphragms for preparing Tinctures and Infusions by displacement (Fig. 17):—

$\frac{1}{2}$ gall.	\$1 50	each.
quart,	1 25	"
pint,	1 00	"

GALLIPOTS , 1 to 4 oz. four in a nest,	\$0 08	nest.
GLASS , English, very thin, for Microscopic Preparations,		
GOLD BEATERS , Skin,	0 75	doz.

Fig. 18.

GRADUATED MEASURES, Glass, accurate (Fig. 18):—



16 oz.	\$1 25	each.
12 oz.	1 00	"
8 oz.	0 88	"
6 oz.	0 75	"
4 oz.	0 62	"
3 oz.	0 56	"
2 oz.	0 50	"
1 oz.	0 37	"

Fig. 19.



Minim (Fig. 19), \$0 50 each.

HAIR GLOVES ,	\$1 00	pair.
HAIR BELTS ,	1 00	each.
HEIFERS' TEATS ,	1 25	doz.
HORN SCOOPS ,	1 50	"

Fig. 20.



HYDROMETERS, Baume's Scale (Fig. 20). These Hydrometers are made with great care by J. G. Grenier, a celebrated manufacturer in Berlin, and their entire accuracy may be relied on.

For acids, syrups, and liquids heavier than water, graduated from 0° to 68°,	\$3 25 each.
For Spirits, 10° to 49°,	3 25 "
For Ethers, 30° to 65°,	3 25 "
For Acids, Alcohol, and Ether, a good article,	1 00 "

Fig. 21.



HYDROMETER JARS, for floating Hydrometers
(Fig. 21). \$0 50 to \$0 75

INFUSION MUGS, pint, \$1 25

Fig. 22.



INJECTING BAGS, elastic (Fig. 22):—

Female,	\$1 25
Male,	1 00

INHALERS, for administering Chloroform, \$0 75

" " Iodine, 0 38

ISINGLASS PLASTER (Husband's), 0 75 yd.

ISSUE PEAS, 0 38 hun'd.

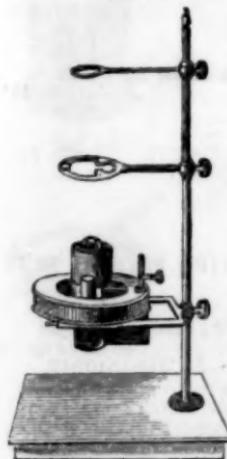
JARS, QUEENSWARE, Covered, English:—

quart,	\$0 38 each.
pint,	0 18
half-pint,	1 25 doz.
4 oz.	1 00
2 oz.	0 88
1 oz.	0 75

LABELS, Latin in books for shop furniture,
" " for specimens in *Materia Medica*,

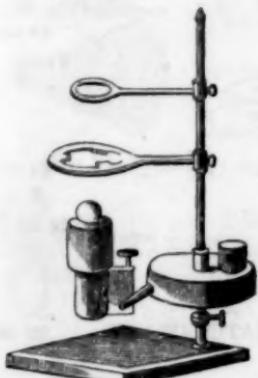
1 oz.	1 50
" " "	0 50

Fig. 23.



LAMPS, SPIRIT, Berzelius' pattern (Fig. 23), \$5 50

Fig. 24.



LAMPS, SPIRIT, Rose's pattern (Fig. 24), \$5 50

Fig. 25.



LAMPS, SPIRIT, Glass, with Cap (Fig. 25):—

6 oz.	\$0 50
2 oz.	0 37

Fig. 26.



LAMPS, SPIRIT, with Screw to adjust the wick
(Fig. 26), \$4 50

Fig. 27.



LAMPS, SPIRIT, Mitchell's, Tin (Fig. 27), \$0 75

Fig. 28.



LAMPS, SPIRIT,
Lohme's Pharmaceutical (Fig. 28),
\$6 00

LINT, best Linen,

\$1 25

Fig. 29.



MARSHE'S ARSENIC APPARATUS (Fig. 29), \$2 50

MEDICINE CHESTS, furnished to order.

MORTARS, GLASS:—

2 oz.	.	.	.	\$0 35
4 oz.	.	.	.	0 50
6 oz.	.	.	.	0 75

Fig. 30.



Fig. 31.



MORTARS, IRON (Fig. 30):—

No. 1, half-pint,	.	.	.	\$0 37
2, pint,	.	.	.	0 50
3, 1½ pint,	.	.	.	0 62
4, quart,	.	.	.	0 87
5, 3 pints,	.	.	.	1 00
6, half-gall.	.	.	.	1 37
7, 1 gall.	.	.	.	2 00

Fig. 32.



NIPPLE GLASSES (Fig. 32), 1 00 doz.

NIPPLE SHIELDS, wooden, 1 25

Fig. 33.

NIPPLE SHIELDS, with gum tip (Fig. 33),
\$0 25 each.

Fig. 34.



NIPPLE SHIELDS, METALLIC (Fig. 34), \$0 20 each.

26 MEDICINAL WARES, ETC., FOR SALE BY
 NURSING BOTTLES, glass, oval, flat, \$0 20 each.
 Fig. 35. Fig. 36.



Fig. 37.



NURSING CUPS (half covered), (Fig. 37), \$0 25 ea.

OILED SILK \$1 00 yard.
 PALETTE KNIVES, see Spatulas.
 PAPER, WRAPPING, all kinds.

Fig. 38.



PESSARIES, GLASS, Disk (Fig. 38), \$2 50 doz.

Fig. 39.



PESSARIES GLASS, Globular (Fig. 39), 2 50 "
 Gum elastic, various kinds.

PLASTER IRON, \$1 00 each.
 PLASTERS—Spread, Hemlock, Burgundy Pitch, Warming,
 and Strengthening:—

No. 1. 4 by 6,	.\$1 00 doz.
2. 5 by 8,	1 50
3. 6 by 10,	2 00

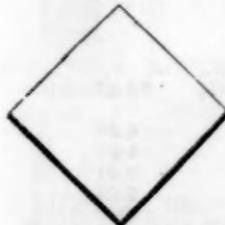
PILL MACHINES, Brass for 12 pills,	.\$83 50
" " 24 "	5 50

Fig. 40.



TILES, Graduated (Fig. 40), . . \$0 50 to \$1

Fig. 41.



TILES, Plain (Fig. 41), . . \$0 50 to \$1 00

POCKET CASES for Medicines, morocco, containing 10 bottles, . . \$1 50
POCKET CASES for Medicines, of various sizes, containing from
12 to 24 bottles, from \$1 50 to \$2 50

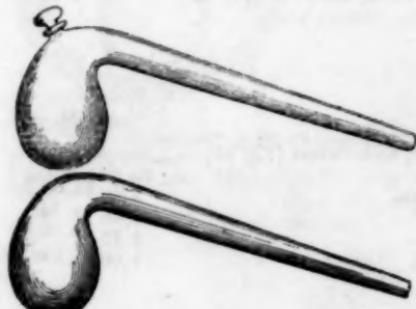
Fig. 42.



PRECIPITATING JARS (Fig. 42):—

Half gallon,	\$0 62
Quart,	0 37
Pint,	0 31
Half pint,	0 25

Figs. 43 and 44.



RETORTS, GLASS,
Plain and Tubu-
lated, 1 oz. to 1
gallon (Figs. 43
and 44), \$0 19 to \$1 25

Fig. 45.

RETORT STANDS, Iron, with 3 rings,
(Fig. 45), \$1 50

SADDLE-BAGS furnished to order.

SIEVES, Bolting Cloth, for very fine powders, 7 inch, \$0 37
SPATULAS, Steel, English,—

8 inch,	0 50
7 inch,	0 38
6 inch,	0 31
5 inch,	0 25
4 inch,	0 19
3 inch,	0 15

SPATULAS, Porcelain, for Acid Ointments,—

4 inch,	0 31	each.
6 inch,	0 38	"
9 inch,	0 60	"

Fig. 46.

SCALE AND WEIGHTS, Eng.,
(Fig. 46), \$1 25

Fig. 47.



SPECIE JARS, with Covers (Fig. 47):—

1 gallon,	\$5 00	per doz.
Half gallon,	3 00	" "
Quart,	2 00	" "
Pint,	1 75	" "
Half pint,	1 00	" "

Fig. 48.



SPECIFIC GRAVITY BOTTLES, holding 1000 Grains of Distilled Water, with Perforated Stopper and Counterpoise Weight, (Fig. 48), \$3 50

SPEC. GRAV. BOTTLES, holding 100 grains Distilled Water as above, \$2 00

Fig. 49.



SPEC. GRAV. BOTTLES, holding 1000 grains Distilled Water, without Stopper mark on Neck (Fig. 49), \$1 50

SHEEPSKINS, various kinds.

SPONGE, Prepared for Surgical use, various kinds.

Fig. 50.



SPERMATORRHCEAL RINGS.
(Fig. 50.)

Fig. 51.



SPECULUMS FOR UTERUS,
Glass (Fig. 51), \$0 50 each.
Metallic,

30 MEDICINAL WARES, ETC., FOR SALE BY

Fig. 52.



SPECULUMS FOR UTERUS,
Glass, covered with Silver,
and re-coated with Gutta
Percha (Fig. 52), \$1 50 each.

SPECULUMS FOR UTERUS,

Coated as above, and with aperture in side,	\$1 50 each.
German Silver, Bivalve,	4 00 "
" " Handles detached,	4 50 "
" Trivalve,	5 00 "
" Quartovalve,	9 00 "
" for Anus,	4 00 "
" for Ear,	

Fig. 53.



SPITTING CUPS, Queensware, with
Movable Tops (Fig. 53), \$0 50 each.

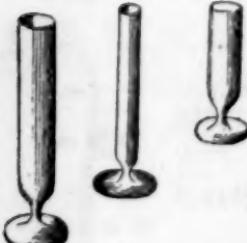
STETHOSCOPES, Cedar, plain,	\$0 50 each.
" " Ivory mounted,	0 75 "
" Ebony, plain,	0 62 "
" " Ivory mounted,	0 88 "
" Ivory mounted, with Pleximeter,	1 50 "
STOMACH TUBES,	1 00 "
SUSPENSORY BANDAGES, Silk and Cotton,	0 25 to 0 75 "

Fig. 54.



SYRINGES, Glass, Male and Female (Fig. 54).	
Metal Capped, Small,	\$1 25 per doz.
" " Medium,	1 50 "
" " Large,	2 50 "
Glass, curved, for Uterus,	
" " for Ear,	

Fig. 55.



TEST TUBES, ON FOOT,	
Large (Fig. 55),	\$1 00 each.
Medium,	0 75 "
Small,	0 62 "
Assorted,	0 75 "
For Arsenic, assorted,	1 00 "

Fig. 56.

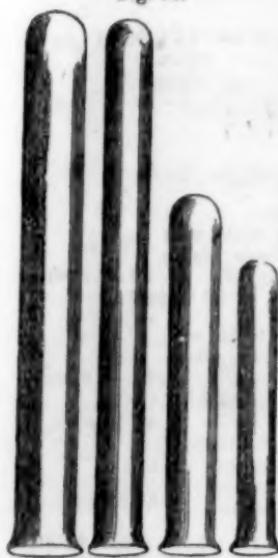


Fig. 57.

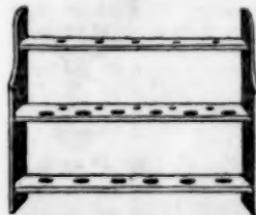


Fig. 58.



TEST GLASSES, French Pattern (Fig. 58), . . . \$1 00 per doz.

THERMOMETERS, in Japanned Tin Frames,

Fig. 59.



THERMOMETERS, Small, on Ivory Scale, with
Bulb projecting below the Scale, gradu-
ated from 50° to 140° F. (Fig. 59), \$1 50 each.
Chemical (various kinds), \$2 00 to 6 00 "

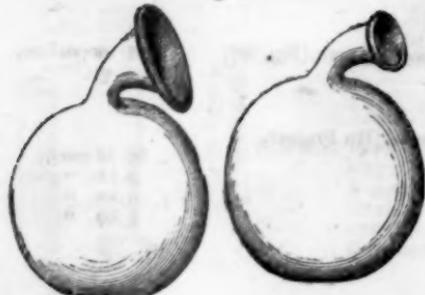
TONGUE DEPRESSERS, Pearl,	•	\$0 75 each.
TWINE, LINEN, Fine,	•	0 20 per ball.
" " Coarse,	•	0 37 " "
TEST PAPERS, Red and Blue, Litmus and Turmeric,	•	0 06 per sheet.
URINALS, GLASS, Male,	•	0 38 each.

Fig. 60.



URINALS, GLASS,
Female (Fig. 60), \$0 38 each.

Fig. 61.



URINALS, Queen-
ware, male and
female (Fig. 61),
\$0 50 each.

Fig. 62.



Fig. 63.



URINOMETERS, for ascertaining the Specific Gravity of Urine; Glass, containing a delicate Ivory Scale, very accurate (London), (Fig. 63). \$3 00 each.

Fig. 64.



URINOMETER CASES, containing Urinometer and Graduated Glass for floating it, a delicate Thermometer, and Test Papers, complete (Fig. 64), \$5 00 each.

WATCH GLASSES, for Use as small Evaporating Dishes, \$0 75 per doz.
VIALS, Assorted, octagonal, from $\frac{1}{2}$ oz. to 8 oz., in gross boxes, 2 75 per gross.
" " Plain, long, from $\frac{1}{2}$ oz. to 8 oz., in gross boxes, 2 25 " "

SURGICAL INSTRUMENTS, ETC.

AMPUTATING.

1 CAPITAL SAW,	{	\$17 00 each.
1 METACARPAL SAW,		
2 CAPITAL KNIVES,		
1 CATLINE KNIFE,		
1 PAIR ARTERY FORCEPS, with Slider,		
1 SCALPEL, Steel Handle,		
1 PAIR BONE NIPPERS,		
1 TOURNIQUET,		
12 CURVED NEEDLES,		
1 TENACULUM,		

In a neat Mahogany Case, Brass mounted.

TREPANNING.

2 TREPHINES,	{	\$10 00 each.
1 ELEVATOR,		
1 HEY'S SAW,		
1 SCALPEL, with Raspiter,		
1 BRUSH,		

In a neat Mahogany Case, Brass mounted.

MIDWIFERY.

1 PAIR FORCEPS,	{	\$10 00 each.
1 VECTIS,		
1 CROTCHET,		
1 PERFORATING SCISSORS,		
1 BLUNT HOOK,		

In a neat Leather case.

DISSECTING.

6 SCALPELS,	{	\$3 50 each.
1 SINGLE HOOK,		
1 DOUBLE HOOK, with a Joint,		
1 PAIR FORCEPS,		
1 SILVER BLOW PIPE,		
1 PAIR SCISSORS,		

In a neat Mahogany or Morocco Case.

EYE INSTRUMENTS.

3 KNIVES, 1 IRIS KNIFE, 2 NEEDLES, Curved and Straight, 1 CURETTE AND HOOK, 1 SILVER SPECULUM, 1 PAIR FORCEPS, 1 PAIR CURVED SCISSORS,	}	\$9.00 each.

In a neat Case.

CASE OF EXTRACTING INSTRUMENTS.

WITH IVORY HANDLES.

1 FOX'S SPRING BOLT KEY,	}	\$4.50 each.
2 PAIR TEETH FORCEPS, Curved and Straight, Double Joints,		
1 TOOTH PUNCH,		
1 GUM LANCET.		

In a neat Leather Case.

With Ebony handles, \$3 75.

POCKET INSTRUMENTS, NO. 1.

1 PAIR CROOKED SCISSORS,
1 PAIR STRAIGHT " "
1 PAIR DRESSING FORCEPS,
1 PAIR DISSECTING FORCEPS,
1 DIRECTOR,
1 SPATULA,
2 SILVER PROBES,
1 TONSIL FORCEPS,
1 CURVED Probe-Pointed BISTOURY,
1 Large SCALPEL,
1 GUM LANCET,
1 ABSCESS LANCET,
1 TENACULUM,
1 Small SCALPEL,
1 STRAIGHT SPEAR BISTOURY,
1 SILVER FEMALE CATHETER,
1 PHYSICK'S FORCEPS AND NEEDLE,
1 THUMB LANCET,
6 CURVED NEEDLES,

\$8.00 each.

In a neat Morocco Case, with a Lock.

POCKET CASES, similar to No. 1, containing a Silver Male and Female Catheter, extra heavy, \$10.00 each.

36 SURGICAL INSTRUMENTS, ETC., FOR SALE BY

PHLEBOTOMY.

SILVER SPRING LANCET,	Button Trigger,	\$3 50	each.
" "	Lever,	3 00	
BRASS "	"	0 75	
BRASS HORSE "	"	1 50	
THUMB LANCETS,	"	0 38	
"	French (Charriere's),	0 75	
"	English Crown (Evan's),	0 75	
LANCET PHLEMES,	"	0 12	
IMITATION SILVER SPRING LANCETS,	"	1 50	
" "	Button Trigger,	2 00	

AMPUTATING AND TREPANNING.

In one Case,	\$26 00	each.
--------------	---------	-------

CUPPING INSTRUMENTS.

1 BRASS PUMP, or EXHAUSTER,		\$ 3 50	each.
5 CUPPING GLASSES,			

In a neat Mahogany Case.

With German SCARIFICATOR,	\$5 50	each.
With American "	7 00	"
CUPPING INSTRUMENTS, as above, with stopcocks to		
glasses,	4 50	"
" with German SCARIFICATOR,	6 50	"

SURGICAL INSTRUMENTS OF ALL KINDS,
FURNISHED TO ORDER.

MISCELLANEOUS.

SCARIFICATORS, American,	\$3 50	each.
" small,	3 50	"
" German Silver,	4 00	"
" German,	2 00	"
OBSTETRICAL FORCEPS, Hodge's,	5 00	"
" Huston's,	5 00	"
" Heighton's,	5 00	"
" Davies'	5 00	"
BRASS CUPPING AND STOMACH PUMP, with Injecting Apparatus and 6 Glasses combined, Mahogany case,	10 00	"
BRASS STOMACH PUMP and Injecting Apparatus combined, in a Mahogany case,	7 00	"
BRASS ANATOMICAL SYRINGE, 36 oz. with 7 pipes,	16 00	"
1 BRASS PUMP and Breast Glass, in a neat Case,	3 25	"
PROBANGS, Bent and Straight,	0 38	"
ANNELL'S SYRINGE for Eye (Silver), with Straight and Bent Gold Paper, in neat Morocco Case,	8 00	"
TONSIL INSTRUMENTS, Physick,	5 00	"
METALLIC SOUNDERS (Mayo's),	0 75	"

METALLIC SYRINGES, BEST QUALITY.

24 oz. SELF-INJECTING, in Cases,	\$2 25 each.
16 oz. " " "	1 50 "
10 oz. " " "	1 25 "
6 oz. not Self-Injecting, in Cases,	0 75 "
24 oz. " no Cases,	1 75 "
16 oz. " " "	1 25 "
10 oz. " " "	0 75 "
6 oz. " " "	0 56 "
4 oz. " " "	0 38 "
2 oz. " " "	0 31 "
1 oz. " " "	0 15 "
MAW'S SELF APPARATUS,	2 25 "

METALLIC SYRINGES, MEDIUM QUALITY.

24 oz. SELF-INJECTING, in Cases,	\$1 75 each.
16 oz. " " "	1 25 "
10 oz. " " "	1 00 "
6 oz. not Self-Injecting, in Cases,	0 56 "
24 oz. " no Cases,	1 25 "
16 oz. " " "	1 00 "
10 oz. " " "	0 62 "
6 oz. " " "	0 38 "
4 oz. " " "	0 31 "
2 oz. " " "	0 25 "
1 oz. " " "	0 12 "

METALLIC SYRINGES, THIRD QUALITY.

24 oz. SELF-INJECTING, in Cases,	\$1 00 each.
16 oz. " " "	0 88 "
10 oz. " " "	0 75 "
6 oz. not Self-Injecting, in Cases,	0 38 "
24 oz. " no Cases,	0 75 "
16 oz. " " "	0 62 "
10 oz. " " "	0 50 "
6 oz. " " "	0 31 "
4 oz. " " "	0 25 "
2 oz. " " "	0 20 "
1 oz. " " "	0 10 "

WOMB SYRINGES, BEST QUALITY.

6 oz. Ring Handles, in Cases,	\$1 00 each.
6 oz. Wood " " "	1 00 "
4 oz. Ring " " "	0 90 "
4 oz. Wood " " "	0 90 "
2 oz. Ring " " "	0 75 "
2 oz. Wood " " "	0 75 "
DOCTOR CHASE'S VAGINA, with Cases,	1 12 "
FEMALE,	0 15 "
MALE,	0 10 "
EAR, with Ivory Pipe,	0 31 "

Fig. 65.



SYRINGES, FRENCH, SELF-ACTING. The liquid is introduced at once into the Syringe, dispensing with any other vessel. The force, quantity, and direction of the current is regulated by the stopcock and flexible tube at the bottom (Fig. 65).

No. 1. Contents 12 oz.,	\$5 00 each.
2. " 20 oz.,	6 00 "
3. " 30 oz.,	7 00 "

SKELETONS.

IN NEAT BOXES, WITH LOCK AND KEY.

SKELETONS, Articulated and Bleached,	\$40 00 each.
SKELETONS, Articulated, not Bleached,	30 00 "
SKELETONS, Disarticulated and Bleached,	20 00 "
SKELETONS, Disarticulated, not Bleached,	15 00 "
HEADS—Sawn and furnished with movable Articulations. The sections exhibiting the Nasal, Frontal, and Sphenoidal Sinuses, and the Antrum Maxillare. Also, the Internal Ear, with apparatus, bones, muscles, memb. tympani, nerves and vessels. A complete and beautiful preparation,	
HEADS—Disarticulated. The bones separated, and contained in the compartments of a pasteboard box,	18 00 "
HANDS and FEET Articulated on Catgut. The bones can be separated on the strings, so as to admit of the inspection of each. By drawing the string they are all brought into position,	10 00 "
FEMALE PELVIS, with Ligaments,	2 50 "
FETAL HEADS,	10 00 "
	2 00 "

ANATOMICAL PREPARATIONS

OF ALL KINDS, IMPORTED TO ORDER.

We subjoin a list of a few, with the cash prices for importing to order. When the order amounts to one hundred dollars or more, it will be imported immediately, otherwise it will be retained on hand until we are getting other goods from Paris, which will probably be several times a year.

HEADS, entire, Articulated,	\$5 00 to \$8 00
" " Disarticulated,	6 00 to 10 00
" " and remounted with the bones separated by short intervals (style Beauchene),	50 00

HEADS, Sawn, with preparations of internal and middle		
" " ear,	\$15 00	
" " with horizontal and vertical Sections,	8 00	
Preparation of the INTERNAL EAR,	5 00	
" " MIDDLE EAR,	3 00	
14 TEMPORAL BONES, demonstrating the History of the		
Ear,	55 00	
FEMALE PELVIS, with Ligaments,	8 00 to 10 00	
FETAL HEADS,	2 00	
HANDS or FEET, Articulated,	1 50 to 2 00	
" " (style Beauchene),	6 00	
FETAL SKELETONS,	7 00	
Series of nine FETAL SKELETONS,	50 00	
HISTORY OF DENTITION, from the fetal conditions to		
old age, exemplified by 22 Preparations under Glass,	150 00	
JAW in Childhood, from 1st to 2d Dentition,	6 00 to 8 00	
TEETH, Natural, a Complete Set, Wired,	6 00 to 8 00	
PHRENOLOGICAL HEADS (Natural),	7 00 to 8 00	
HEADS OF CHILDREN during 1st and 2d Dentition,	8 00	
SAWN HEADS, upon Supports, under Glass,	10 00	
FETUS, Disarticulated, within a Frame,	10 00	
MANIKINS, for the Study of the Mechanism of Labor,	30 00 to 50 00	
HEADS, with Nerves, Arteries, and Veins,	60 00	
HALF FACE, Vertical Section, with 5th pair of Nerves,	10 00	
" " Arteries, Internal Maxillary,	10 00	
EAR, with its Dependencies, Nerves, and Vessels,	10 00	
HEAD, with Preparations of the Dura Mater,	10 00	

AN ASSORTMENT OF THE SKELETONS OF ANIMALS.

HEADS OF ANIMALS, Disarticulated and Mounted, in the style of Beauchene, &c., &c.

CHESTS containing a complete set of PURE CHEMICAL REAGENTS, with the necessary Apparatus for Chemical Analysis.
Also, CHESTS for TOXICOLOGICAL Research, arranged to order.

Terms, CASH, with 5 per cent. discount, or Credit with approved reference.



MAGNETO-ELECTRIC MACHINES,

FOR

MEDICAL PURPOSES.

THESE machines operate without acids. The power is derived from a permanent magnet, and can be regulated from a weak current to one of an intensity sufficient for all medical purposes.

The machine operates simply by turning a crank. The electric current is applied by means of flexible wires connecting with insulated handles.

These batteries are the most approved form in use; they have received the sanction of the professors of most of our medical schools, and are used by many of our eminent city practitioners.

In cases of Neuralgia, Rheumatism, Paralysis, and Narcotic Poisoning, they have been eminently successful.

The batteries are contained in a neat mahogany box, with lock and key.

PRICE \$10 NETT.

3477
X273

